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YOUR POINT OF VIEW

THE REPORT OF THE PANEL ON THE HOSPITALS' ROLE IN THE HEALTH COMMUNITY

VOLUME TWO

April, 1991

YOUR POINT OF VIEW

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YOUR POINT OF VIEW

INTRODUCTION

***YOUR POINT OF VIEW** is a compendium summarizing the views, opinions, and issues as identified by each and every organization and individual who was consulted or interviewed by the **HOSPITAL ROLE PANEL**. These various views and opinions were not validated by the **Panel**, nor was it the **Panel's** intention to do so. Each "Point of View" was accepted and recorded as a reflection of that organization or individual's experience and opinion of the particular part of the health care system that was important, or of interest, to them.*

***YOUR POINT OF VIEW** has been prepared to achieve three purposes:*

One - at the outset of the consultation process the **Role Panel** indicated to everyone who provided input to the deliberations that their opinions and concerns would be placed on record.

Two - it provides both the **Role Panel and the reader** with a dramatic sense of the extent and diversity of views and commentary on our current health care system.

Three - it will provide to those persons or parties who may be assigned specific follow up assignments as a result of the **Panel's Recommendations** a starting point.

For ease of organization and review the many opinions, concerns and issues are collected under key words and are listed alphabetically.

YOUR POINT OF VIEW

ABORTION

- - the Canadian Abortion Rights Action League(C.A.R.A.L.) states that allowing abortions on PEI recognizes the needs and desires of a majority of Islanders but would evoke criticism of a vocal minority.
- - C.A.R.A.L. does not advocate abortion per se, but supports having the choice available.
- - if the facilities and staff of a referral hospital are occupied with abortions, what effect is this having on waiting times for serious surgery?
- - with abortions only attainable out-of-province and at considerable personal expense, an inequitable and stressful situation is created for the young and the poor.
- - the unavailability of an abortion service is a serious form of discrimination against women.
- - the Right to Life Association hopes that Island hospitals will remain "abortion free".

ADDICTIONS

UNMET NEEDS

- - development of an outpatient rehabilitation services in West Prince is appropriate.
- - if "seclusion rooms" are necessary for the initial treatment of an alcohol or a drug problem, the Alcohol and Drug Problems Institute would prefer that these rooms be located at Hillsboro Hospital, to avoid having the Treatment Centre viewed as a disciplinary institute.

YOUR POINT OF VIEW

ADDICTIONS (continued)

- - there should be further development of out-patient detoxification routines in the various areas of the Island.
- - there is a need to develop resources to deal with sexual problems related to or preceding an addiction problem, particularly in females.
- - it has been strongly suggested that P.E.I. needs a specific adolescent treatment center and presently more adolescent counsellors.
- - P.E.I. needs an addictions psychologist.
- - more follow up is required after detoxification.
- - it has been suggested that physicians and nurses need additional education in the field of addictions as they play an important role in encouraging patients to get treatment.
- - a need was identified to update research into abuse of drugs on P.E.I..
- - on site services within the the school system involving public health personnel and qualified personnel in addiction counselling is needed.
- - there is a need for more rehabilitation programs in P.E.I.
- - health care dollars be allocated to provide better smoking prevention on cessation and treatment services.
- - concern has been expressed that addiction services does not provide medications to their patients to treat symptoms outside the addictions.

YOUR POINT OF VIEW

ADDICTIONS (continued)

UTILIZATION

- - it is believed throughout the province that physicians admit patients with addiction problems to hospital beds to avoid the stigma related to this illness, this should be monitored more closely.

- - West Prince needs at least 5 detox beds. Fifty per cent of the utilization of the Summerside detox beds would be occupied by West Prince residents.

- - when detox beds are available physicians still admit addiction patients to the hospital under a diagnosis different than alcohol or substance abuse.

- - Western Hospital could rent out space to Prince County Drug and Addiction Services to allow for a 10 bed combined detox/rehab unit.

COORDINATION

- - cooperation between addiction services and psychiatric services could be enhanced by joint education sessions so each of the services may understand the other.

- - a need has been identified to develop a multi-disciplinary hospital addictions committee.

INSURED SERVICES

- - if the two Island treatment centers were designated as providing hospital based care, they could recover up to a $100,000 per annum in treatment of out-of-province referrals.

OUT-OF-PROVINCE TRANSFERS

- - approximately 5 to 10 patients are referred out-of-province each year which include those not responding to treatment locally and high profile professionals.

ADDICTIONS (continued)

OTHER

- - there is a need to establish a committee on alcoholism and chemical dependency by the **P.E.I. Medical Society** to improve the physician's knowledge of condition treatments and resources.
- - it is advised that **Hospital Boards develop a protocol** to deal with professionals, i.e. physicians and nurses, who appear to be chemically dependent or impaired on duty.
- - **transporting** a difficult substance abuser is a problem. If an addiction problem is a medical problem, why can't an ambulance be used? Presently ambulance operators are not interested, R.C.M.P. say it is not their responsibility and families are scared. Who's responsibility is it?
- - it has been recommended that **Georgetown House** be converted to a 10 bed inpatient rehabilitation unit.
- - there is a need for more opportunities for **staff development** of addictions staff.
- - detox does not **admit patients after 10 p.m.** as these cases cause a great disturbance at the center, the same issue has been raised by the hospitals who are now responsible for these patients after 10 p.m.
- - it has been suggested that hospitals should take a more active role in **educating** the public about drinking and driving.
- - hospitals should host seminars jointly presented by hospital staff and **Students Against Drunk Drivers.**
- - concern was expressed over the noticeable difference between the **attitudes of physicians** in Souris and Montague re: addictions.

ADDICTIONS (continued)

- - it is alleged that the detox maintain a **black list of patients** they will not admit and these individuals are admitted to hospital for treatment.
- - it was suggested that the Prince County Hospital psychiatric unit should be **physically located** in close proximity to the detox unit.

ADMITTING DEPARTMENTS

- - it has been suggested that in smaller hospitals, admitting functions be included under Finance or Medical Records, since admitting works closely with both of these departments.
- - it would be helpful if staff of all Admitting Departments met regularly **to discuss** common problems, etc.
- - there are very few staff development opportunities for Admitting staff.
- - hospitals question what is being done with statistics that are sent to Hospital and Health Services Commission on a regular basis.
- - concern was expressed over the inadequate consideration given to the impact of adding physicians to the system. Detailed consideration should be given to the Operating Room time available, anticipated length of procedures done by new surgeons, lengths of stay, new equipment and drugs, etc. A thorough impact analysis should be done.
- - staff question the necessity of maintaining the out-patient register.

YOUR POINT OF VIEW

DIVISION OF AGING AND EXTENDED CARE

MANORS/NURSING HOMES

- - more nursing home beds are required. The Queen Elizabeth Hospital is transferring patients to community hospitals to await placement in nursing homes.
- - the admitting procedure to nursing homes is cumbersome.
- - it was suggested that the level of care in manors and nursing homes should be increased. For example: oxygen therapy should be provided in the manors.
- - provincial manors have no quick response system to accommodate new admissions who are ready for discharge from hospitals.
- - nursing home beds do not have to be available in a patient's home town and families should not object to placing a relative in a nursing home in a neighboring town if a bed is available.
- - manors should be equipped with electrocardiogram(ECG) machines, therefore it would not be necessary to transport residents to hospitals for an ECG.
- - manors should be able, whenever needed, to access the services of a nutritionist who would preferably be community based with a knowledge of the residents. A nutritionist could provide input on menus, recipes, special diets and standards. One suggestion is that manors and hospitals share this service.
- - it is believed that manors should admit five days per week and not just the present two days - Tuesday and Thursday.

DIVISION OF AGING (continued)

- - it has been suggested that government should subsidize relatives to keep seniors or disabled persons at home in order to minimize institutionalization. Currently there are a number of residents in manor beds who could be in Community Care Facilities, but due to financial reasons families find the manors more attractive. Families also prefer manor beds since these institutions imply 'permanency' and it is unlikely a relative once admitted as a resident, will be required to move to another facility.

- - it has been suggested that Licensed Nursing Assistants(LNA) be given additional training whereby they could perform certain treatment procedures in nursing homes, where the majority of patients are stable.

- - due to shortages in manor beds, patients are occasionally admitted to hospital, even though they require a lesser level of care. After a period of time, hospital staff are successful in getting the patient to a higher functional level. However, the manor will then not accept the patient because of the higher level of functioning. The patient, as a result, has to remain in a hospital bed.

- - families are anxious for the patient to be placed in a subsidized bed in a good geographical location and will work the system in order to ensure this. One scenario is: the patient is in hospital awaiting placement in a nursing home. The family is aware that placement priorities are based on date of admission to hospital. If a nursing home bed, not acceptable to the family, becomes available, the family ask that the patient be discharged from hospital to home, only to re-admit them within 24 hours. Thus the patient gets a new admission date, gets moved down on the placement list, and gets to stay in a hospital bed at no charge. It is suggested that: 1) the Division of Aging look at total stay instead of date of admission when setting priorities for placement and 2) families be charged a substantial fee, if a patient refuses an available bed.

DIVISION OF AGING (continued)

HOSPITAL

- - it was noted that a patient admitted to hospital from a nursing home seems to become the total responsibility of the hospital. If on discharge, the nursing home feels the level of care is too high, it refuses to accept the patient and feels it has no further obligation to the patient or family. It was suggested that the onus of placing the resident in a different institution should not be on the hospital and that the referring nursing home should have some obligations toward the patient.

- - nursing home residents sometimes regress when they go to hospital for an episodic illness. Hospitals could be tapping manor resources; Activities Directors at manors could assist in developing programs in hospitals for long stay patients. Patients in hospitals awaiting beds in manors often have a poor quality of life but with adequate resources, manors could provide a service to manor patients who are hospitalized.

- - manor staff express frustration over the lack of understanding exhibited by hospital staff from time to time, when a death occurs at a manor. Hospital staff think their patient should be transferred to the now vacant bed at the manor within hours. From the manor's perspective, this is the only opportunity to clean/redecorate the room after a long occupancy by the former resident.

PHYSIOTHERAPY/OCCUPATIONAL THERAPY

- - although the physiotherapist employed by the Division of Aging spends one day every two weeks at the Wedgewood Manor, this is not adequate.

- - the Riverview Manor really needs physio coverage at least one full day per week.

- - Community Care Facilities require more physio services.

DIVISION OF AGING (continued)

- - although the Colville Manor has a physio service one day every two weeks, a local physio would provide greater flexibility.

- - there is a need for more occupational therapy services at the Wedgewood Manor.

UNMET NEEDS

- - the availability of bilingual staff to serve francophone residents of manors and nursing homes is a problem.

- - it is suggested that the province needs a geriatric assessment unit regardless of who "owns" it.

DR. ERIC FOUND CENTRE (E.F.C.)

- - it is felt that there is no coordination of oxygen therapy outside the hospital setting. At the present, patients at home requiring oxygen, deal with private companies; the Dr. Eric Found Centre and Home Care and Support occasionally call the Cardiorespiratory department at the Queen Elizabeth Hospital for advice.

- - E.F.C. is reviewing its caseload with a view to placing some residents/ patients in nursing homes or community care facilities.

- - E.F.C. tends to be very cautious in admitting patients and this caution in admitting tends to be an irritant with the Queen Elizabeth Hospital, in particular with the Social Work Department. From the perspective of E.F.C., although a patient may appear to be past the acute phase of an illness, they may regress after several stable days, necessitating a transfer back to hospital; therefore E.F.C. ensures that patients are stable and adequately taught before accepting them.

DIVISION OF AGING (continued)

- - there have been requests from hospitals for EFC to provide long-term palliative care beds, however EFC will not admit patients requiring this type of care, since EFC is reluctant to accept long-term terminal ill patients if their condition is at all stable. Questions being raised are:

  1) is there a need for long-term palliative care beds?

  2) should each hospital have designated palliative beds?

  3) could the physician on staff at E.F.C. be a consultant to other hospitals and physicians for pain management?

- - some patients being discharged from Queen Elizabeth Hospital to E.F.C. should be going instead to manors but the obstacle is the level of care manors are willing to give.

- - due to the admission process of the Division of Aging (the Admission committee meets only on Mondays and Thursdays), E.F.C. cannot respond in a timely way to transfers from out-of-province. Patients therefore are usually transferred first to Queen Elizabeth Hospital.

- - the paperwork involved in the admission process to E.F.C. is seen to be cumbersome.

- - patients transferred to Dr. Eric Found Center are automatically placed under the care of the physician employed by Eric Found Centre. Family physicians cannot treat patients at Eric Found Centre.

- - there is concern that Eric Found Center does not serve the West Prince area; it was suggested that the West Prince area needs 10 beds for this purpose.

DIVISION OF AGING (continued)

RESPITE CARE

- - it was noted that the demand for respite beds is not great, however as the concept gains in popularity, the stigma of using a manor respite bed may disappear.

- - any concerns that respite stay could evolve into a permanent stay at a manor are unfounded. Policy requires a respite resident to be discharged from the respite bed before being considered for permanent placement. Respite care in manors should be coordinated by the placement officers.

- - it is thought that options for respite care should be developed.

- - it was noted that there is a growing need for community options for seniors with Alzheimers; there is a particular need for respite beds for these patients.

PLACEMENT

- - it has been noted that patients with Chronic Lung Disease have a difficult time finding placement. Chronic Lung Disease patients have very low energy levels and a tendency to be pessimistic and these characteristics contribute to placement problems. Manors will not take patients requiring oxygen and some nursing homes will not accept these patients.

- -it was noted that on average 10% of patients on medical units at Queen Elizabeth Hospital and Prince County Hospital are awaiting placement at a more appropriate facility and this number seems to be increasing. These patients no longer requiring acute care.

- - placement problems exist to a greater degree in rural hospitals. It has been suggested in at least one rural hospital that if all patients in hospital beds were placed in more appropriate facilities, fewer hospital beds would be needed.

YOUR POINT OF VIEW

DIVISION OF AGING (continued)

HILLSBOROUGH HOSPITAL

• - the referral system to Hillsborough Hospital is cumbersome particularly in regard to committals.

• - patients wait up to 6 months for long-term geriatric care beds in Hillsborough Hospital.

• - Hillsborough Hospital lost some flexibility in designating beds, when psychiatric units were introduced at Queen Elizabeth Hospital and Prince County Hospital.

• - although Hillsborough Hospital is a provincial facility, it is staffed by physicians who are also on staff at Queen Elizabeth Hospital and consequently from time to time Queen Elizabeth Hospital gets preferential treatment.

OTHER

• - nurses in community and hospital settings need more education on geriatric care. **Staff Development** sessions put on by manors could be shared with other facilities.

• - there is a concern about **"bootleg" nursing homes**, where individuals take senior(s) into homes but do not have to comply with any standards.

• - frustration was expressed over the lack of flexibility regarding the **administrative procedures of the Division of Aging**.

• - concern was expressed that some community care facilities are caring for patients whose care is beyond the **skill level** of staff.

YOUR POINT OF VIEW

AIDS

- - guidelines regarding confidentiality issues for A.I.D.S. victims need to be addressed.
- - Island communities should be making some preparations to deal with A.I.D.S. victims in the future and support groups should be in place.

ALTERNATE METHODS

STRUCTURE

- - the population of West Prince is approximately 14,000; only one hospital with an expanded range of services is required.
- - the Prince Edward Island Government should begin an in-depth study of alternate methods of health care delivery.
- - there would be a more effective continuum of care if all health care services were delivered by one elected community Health Care Board. This would allow a maximum amount of coordination and communication between the providers to address such issues as, the increasing need for an emphasis on health promotion.
- - it is believed the entire health care system needs to revamp the structure which would allow each of the players to see where their role fits in the 'big picture'. It was further stated there are all kinds of resources that if pooled could have great potential. A structure and philosophy that facilitates and promotes networking is required.
- - there is a perception that seven acute care facilities are not required in a province the size of P.E.I.. If there were fewer hospitals, there would be more funding available to expand community services such as health promotion, home care, health centers, etc.

YOUR POINT OF VIEW

ALTERNATE METHODS (continued)

- - there are conflicting views as to whether the Province should support the development of 'Centers of Excellence' in Summerside and Charlottetown. Individuals in favor this concept, state that one hospital should not duplicate an expensive service provided by another hospital. For example, should Prince County Hospital establish duplicate orthopedic capabilities? The opposing view states that a full range of services should be available to the community within the parameter of "what's realistic".

- - provincial health centers should be developed and modeled after the Health Center in Crapaud.

DELIVERY OF SERVICES

- - the concerned citizens of O'Leary do not want Community Hospital used as a geriatric facility instead of an acute care unit, nor do they want any new addition to be used for chronic care, psychiatric, addiction and detoxification.

- - a comprehensive ambulatory care facility should be developed as an addition to the Queen Elizabeth Hospital complex to separate emergency care from out-patient care. This would allow natural growth in both services.

- - the Island Chapter of the Hemophiliac Society would like to see a Comprehensive Care Clinic open at the Queen Elizabeth Hospital in the next year. The Clinic would organize the services of various health care professionals.

- - the Government of P.E.I. in collaboration with health care professionals should utilize the recent Souris data toward developing the concept of primary health care and the role of nurses in it.

YOUR POINT OF VIEW

ALTERNATE METHODS (continued)

- - it was suggested that the Province should pilot a primary nursing care unit (perhaps in surgery or I.C.U.). The patient would be assigned a primary and secondary nurse for the duration of the hospital stay. The rest of the Registered Nurse's would work on the unit as usual.

- - as research progresses, additional hospital services will be necessary to provide treatments for some muscular dystrophy disorders.

- - the Province should consider alternate placement options for children with psychiatric disorders as the hospital pediatric units are not ideal.

- - it is believed that we are an 'aging population' and that care could be provided in residences rather than hospitals.

UNMET NEEDS

- - information regarding alternative health care methods should be available e.g. massage or holistic therapy.

- - it may be economical to develop in-province services to meet the needs currently provided out-of-province.

- - there is a perceived lack of health services provided for pregnant mothers therefore it has been suggested that there is a need for Women Wellness and Family Planning Clinics.

OTHER

- - more funding is needed to provide opportunities for appropriate **staff training and development** to ensure skills and enhance capabilities to deal with progress and changes in provision of health services.

ALTERNATE METHODS (continued)

- - the development of **volunteer service programs** in all Island hospitals and extended care facilities should be encouraged.
- - there should be a study of **bed utilization** at the Eric Found Center and the Queen Elizabeth Hospital.
- - there should be more dialogue between **physicians and clergy**. There needs to be a greater sensitivity to the holistic approach to health care.
- - it is perceived that the development of **day surgery in O'Leary** would expedite the process to break down the barriers between O'Leary and Alberton.

AMBULANCE

OUT-OF-PROVINCE TRANSFERS

- - a program covering the cost of transporting a patient to an out-of-province medical facilities should be considered.
- - in recognition of the great personal expense created by out-of-province hospitalization, there should be a more liberal approach to reimbursement of ambulance fees.

SCOPE

- - attendants with some ambulance services are authorized to do little more than volunteer fireman.

AMBULANCE (continued)

- - it is suggested that ambulance services need to be improved. The recent recommendations in the ambulance study are basically sound but the suggested level of training will require funds.
- - the level of expertise of ambulance personnel is inconsistent across the province.
- - concern was expressed that attendants of one ambulance company are using defibrillators at their own discretion and they do not have the necessary skills to operate this equipment.
- - it has been suggested that attendants should be more assertive in their role as part of the patient care team and readily share information with nursing staff. Similarly, when a patient is being transferred from a hospital, the patient information is sent along in a sealed envelope, instead of sharing the information with the attendants who should know about the patient being transported.

INSURED SERVICES

- - if a patient cannot obtain treatment in the province, the ambulance costs for transfer out-of-province should be covered.
- - obstetrical patients with some ante partum or post partum conditions are transferred from community hospitals to Queen Elizabeth Hospital. Patients can later be transferred back at the patient's request, however ambulance costs are an obstacle.

POLICIES

- - concern was expressed over an incident where ambulance operators sent two ambulances to transport two patients from the same accident when the physician had specifically stated that only one ambulance was required.

AMBULANCE (continued)

- - other inconsistencies were cited: a patient went to the Emergency Department of a smaller hospital, but the appropriate medication was not in stock, so the patient was transferred to Queen Elizabeth Hospital and was later required to pay a user fee; a stable patient at a rural hospital is taken to Queen Elizabeth Hospital for a diagnostic procedure and returns to the rural hospital the same day. That patient was transferred by ambulance, at no cost, but could have been transported by a relative/friend.

OTHER

- - transporting a **difficult substance abuser** is a problem. If an addiction problem is a medical problem, why can't an ambulance be used? Presently ambulance operators are not interested, R.C.M.P. say it is not their responsibility and families are scared. Who's responsibility is it?

- - concern was expressed over the **quality of ambulance service** outside the Charlottetown area.

- - hospitals and ambulance services are encouraged to buy or lease Provincial Integrated Communication System **(P.I.C.S.) radios** to ensure that all first responders are able to communicate during an emergency situation.

- - who ensures that **continuing education** is available and accessed by ambulance staff?

- - ambulance **response times** differ from area to area.

AMBULANCE (continued)

- - it was noted that ambulance attendants should be **professional looking and neat in appearance** since this helps to reassure the patient of the competency of the personnel.
- - there should be **continuous communications between hospital and ambulance operator** so, for example, the hospital can know the location of the ambulance or whether or not the ambulance is available in the community.
- - hospitals should be contacted regarding **incoming patients** being transported by ambulance.
- - it was stressed that ambulance lines should not be used for **personal calls.**

AMBULATORY CARE

- - at the present time, three clinics are under the Queen Elizabeth Hospital, Emergency Department: plastics, endoscopy and orthopedics. Other hospitals across Canada are moving toward dedicated ambulatory care facilities, organizing the clinics under one department.
- - endoscopy procedures, at Queen Elizabeth Hospital, are done in the expensive operating room setting. An ambulatory care area should be designed for short two hour stays, this would free up operating room time.
- - it is believed that the access to out-patient ultraviolet light facilities can drastically reduce the need for hospitalization for many patients with psoriasis.
- - it has been stated that more emphasis on ambulatory care requires an increase in out-patient and community resources.

AMBULATORY CARE (continued)

- - there is a need for a larger comprehensive day program in the community; this would relieve the demands for institutionalization as well as the pressure for the family caregivers.
- - the development of an ambulatory radiology care center in Charlottetown could alleviate long waiting and travel to the Queen Elizabeth Hospital. Films could be read by the radiologists at the Queen Elizabeth Hospital.
- - there are a number of seniors in the community who could benefit from a day program. It was noted that there are some manor residents who could be discharged to home if only there was a day program available in the community.
- - it has been suggested that an ambulatory care unit be established in conjunction with Western Hospital.

ASTHMA

- - concern was expressed over the increasing incidence of asthma in the province. A change in the age of asthmatics was noted as well. In the past, the majority were elderly however, today young patients outnumber the elderly by a 6:4 ratio. Patients presenting with cough, shortness of breath, wheezing, tend to be very young or over 55 years. Even visitors to P.E.Ii with no history of asthma are experiencing asthmatic symptoms during visits to the province.
- - a 2-week study conducted at the Prince County Hospital in 1989, indicated that 95% of children presenting with asthma have mothers who are smokers.

YOUR POINT OF VIEW

ASTHMA (continued)

- - Dr. Ellen Wood, Charlottetown Pediatrician, has had a great impact on in-patient admissions with asthma. There is now a good teaching program at Queen Elizabeth Hospital for asthmatics, through Pediatric Unit staff and Respiratory Therapists. This teaching has enabled parents to give aerosol treatments at home. As well, referrals are made to Home Care and Support for administering medications.

- - repeat admissions to medical units tend to be patients with chronic obstructive pulmonary disease, asthma and other respiratory disorders.

- -patient/parent education must be a priority for hospital and physicians. There is a concern that the general practitioner is doing little in teaching families and that if more teaching was done at the general practitioner level, many hospital admissions could be prevented.

- - there are many pediatric admissions for social reasons e.g. children from poor families who can't afford asthma medications at home. However, families under specified income levels can have drug costs offset through the provincial pharmacy.

- - there is a bronchial asthma support group in Summerside. This group attempts to learn from each other but there is a need for professional - input training sessions.

- - it was noted that the Y.M.C.A. in Charlottetown conducts an asthma clinic that perhaps could be held in Summerside as well.

AUDIOLOGY

- - there is a 12 month waiting list in the West Prince Area for Audiology services; only severe cases go to the Audiology Department located at the Queen Elizabeth Hospital and the referrals can only be made through a Speech Therapist.

AUDIOLOGY (continued)

- - it has been suggested that the services of Audiology and Speech Language Pathology, currently the responsibility of the Department of Health and Social Services, be transferred to the administration of the Queen Elizabeth Hospital where both departments are physically located.
- - there should be increased Audiology services due to the long waiting list.
- - special audiology testing is done only at the Audiology Department located in the Queen Elizabeth Hospital, while basic services are offered elsewhere. The waiting list for this special testing is months long.

CANADIAN FORCES BASE (C.F.B.)

- - the closure of C.F.B. in summerside will have a major impact on Prince County Hospital; it will make it very difficult to recruit and retain specialists e.g. pathologists, radiologists, etc.
- - concerns are expressed regarding air evacuations of critically ill patients with the loss of Air Search and Rescue at C.F.B..
- - during the phasing out period, the Base will be losing their medical personnel therefore there could be a temporary increase in workload at the Prince County Hospital.
- - concerns have been raised over the impact the Base closure will have on private clinics and hospital physiotherapy services.
- - it is expected that the mental and social impact of the closure on the Summerside area in particular, will heavily tax the social support networks over the next five years.

C.F.B. (continued)

- - the unofficial word is that the Base closure will result in one surgeon leaving Prince County Hospital.

- - it is believed that an increase in stress will cause more human suffering such as increased alcoholism, mental and physical ailments, etc.; the demand for services will increase but will be difficult to directly link the closure to the increased caseload.

CANCER

PUBLIC EDUCATION

- - more public education is required to clarify the misunderstandings in regard to the hospital and cancer society roles in mastectomy and other supplies.

- - to promote early detection and prevention, the public must be educated to expect and demand relevant preventative tests such as mammograms. Physicians should be encouraged to perform the tests at appropriate intervals and they must ensure accessibility to the latest technologies of diagnosis and treatments.

- - more public education is required to promote self referral for preventative medical check ups e.g. screening for cancer.

- - there could be a better use and an awareness of "Reach to Recovery"; "Cansurmount" should also be encouraged in the hospitals.

VOLUNTEERS

- - concern was expressed over the lack of volunteer support for cancer patients in Prince Edward Island.

CANCER (continued)

- - it was alleged that the Queen Elizabeth Hospital has a tendency to discourage volunteer contact from the community with their hospitalized cancer patients.
- - hospitals should adopt smoking policies that indicate to the public that health professionals deplore smoking and the attendant health risks.

COVERAGE

- - there is a concern that Hospice is not available to all Islanders; there are pockets where coverage does not exist e.g. Crapaud.
- - a suggestion was made to hold routine 'breast exam days', at least annually, by Public Health.
- - patients in East and West Prince have no access to anyone with expertise in ostomy or wound care.
- - there has been a recommendation to develop more palliative care facilities to service the need of the terminally ill patients.
- - the work done by professional oncology staff is commendable but they are overtaxed; more resources are needed.

POLICIES

- - expensive cancer drugs are prescribed by individual physicians in the absence of control. The Hospital and Health Services Commission pays for these drugs and therefore should be involved in developing provincial polices.
- - it has been suggested that the policies for acquiring the first breast prostheses should be broadened to allow a greater choice of supplier and service.

CANCER (continued)

LEVEL OF CARE

- - concerns were raised with O'Leary chemotherapy treatment, should they have Laminar Flow Hood in preparation for this?
- - Kings County Memorial Hospital is now doing chemotherapy on an out-patient basis but it is limited to only one drug.
- - there is concern with the administration of chemotherapy at Prince County Hospital, with the absence of an on-site oncologist and no specially trained nurse, is this a safe delivery of service?
- - the Province must ensure accessibility to the newest technologies of diagnosis and treatment.
- - hospitals, other than Prince County Hospital and Queen Elizabeth Hospital should be aware of their own limitations and refer when appropriate. Similarly, the Prince County Hospital and Queen Elizabeth Hospital should refer to out-of-province specialty centers when necessary.
- - the ability to respond to and the recognition of pain control needs to be improved.
- - the bedside manner of health professionals dealing with cancer patients must be sensitive, responsible and the communication with the patient and family should be open and honest.
- - there is a need to improve the environment and atmosphere in the out-patient chemotherapy areas of Queen Elizabeth Hospital.

CANCER (continued)

- - group discussions for cancer patients in the hospital are needed for therapy and emotional assistance.

- - there is a need for breast screening programs at both Prince County Hospital and Queen Elizabeth Hospital.

- - a colonoscope and staff proficient in its operation, should be available at Queen Elizabeth Hospital.

OUT-OF-PROVINCE

- - in recognition of the great personal expense incurred in "off-Island" hospitalizations, the Hospital and Health Services Commission should assist with a more liberal approach to the reimbursement of ambulance fees.

- - the terms of reference of the recently appointed "Out-of-Province Liaison Program" are focused strongly on the discharge of patients from out-of-province hospitals and the repatriation to Island hospitals. This may be commendable and appropriate; however, the exclusion of a "patient" focus for those patients arriving at out-of-province hospitals is less than adequate. In times of illness, trauma, and pain the reassurance of a helpful liaison manager who could communicate on appropriate procedures, facilities and directions would be proper comfort to a patient.

OTHER

- - it is believed that the **Island Hospice** program should be supported by health professionals.

YOUR POINT OF VIEW

CARDIAC CARE

- - there is a need for a province wide coordinated cardiac education program which would be consistently applied throughout all areas of the hospital.
- - more coordination is required between the hospital cardiac education program and community programs.
- - patients who are faint or have a slow pulse rate are admitted for monitoring; these patients are ambulatory, tend to be young, and have a longer length of stay.
- - it has been suggested that an E.C.G. Technician be trained to do Pulmonary Functions Testing at the smaller acute care institutions.
- - there is concern that non-invasive cardiology procedures are presently being referred out-of-province which could be done at the Queen Elizabeth Hospital.
- - if physicians are going to use streptokinase, nurses will require more training and consideration must be given to one-on-one nursing.
- - it has been suggested that Kings County Memorial Hospital could increase their service provision with a resident internist.
- - Kings County Memorial Hospital requires a three bed cardiac care unit, additional monitors and their physicians would like to provide services in external pacemakers.
- - it is believed that Kings County Memorial Hospital should not be using I.V. nitroglycerin or streptokinase.
- - the nursing staff in general at Community Hospital feel uncomfortable in the delivery of emergency services. They require more training in Advanced Cardiac Life Support, etc.

YOUR POINT OF VIEW

CELIAC

- - celiac patients in this province require access to current information on the condition and treatment of the disease.
- - additional education is required for Island physicians and health care professionals about celiac diseases.

CENTRAL SUPPLY ROOM DEPARTMENTS (C.S.R.)

- - the staff of Central Supply Rooms should get together annually for information sharing and staff development sessions.
- - the Central Supply Room at the Prince County Hospital requires an instrument washer/sterilizer and a utensil washer/sterilizer.
- - a committee should be in place to decide what goes on the tray for the Operating Room.
- - concern was expressed over the lack of planning in the system and the absence of an impact analysis process when new services/specialties or physicians are being considered as additions or even replacements. New specialties and new physicians can have significant impact in CSR staffing, instrument costs, sterilization needs, etc.
- - the hours of coverage in the Queen Elizabeth Hospital's Operating Room is a concern as SPD noted that 90% of their activity is O.R. related and the other 10% is the rest of the hospital.

C.S.R. (continued)

- - space is a problem for the Queen Elizabeth Hospital's CSR, if expansion is not possible, could a mobile unit be purchased?

CHIROPRACTIC

Island Chiropractors have concerns regarding:

- - abuse of chemical substances e.g. drugs for the symptomatic relief or remedy of mechanical problems.
- - access to x-rays from Island hospitals.
- - the ability to treat their clients while in hospital.

CHRONIC CARE

- - many patients wait five months or longer for manor beds in the hospital. There is a concern that these patients may have a very poor quality of life in a hospital setting as opposed to the stimulating day time activities available in the manor.
- - a concern was expressed that any emphasis on chronic care may diminish the acute care status of the hospital.
- - it has been suggested that it would be more appropriate to centralize patients who require constant nursing care, by developing an all-levels-of-care unit for geriatrics.

CHRONIC CARE (continued)

- - it is believed there is a major problem with the movement of chronic care patients from the hospital to the community.
- - a suggestion was made to add a chronic care wing to Western Hospital.
- - there are concerns with manors not accepting patients requiring oxygen. Some nursing homes will not accept chronic lung disease patients.
- - physicians are sending patients home on oxygen more frequently. The Division of Home Care and Support is providing assistance to these individuals; however, this method of care is very costly to the patient/family.
- - presently, there are no vacancies in the chronic care unit at the Eric Found Center.
- - concerns were expressed over the red tape process of getting a chronic care patient under 60 years admitted to Eric Found Center.
- - a suggestion has been made to establish a comprehensive hospital based chronic care program as an insured service, which would be available to all Islanders.
- - there is a need for additional chronic beds throughout the entire health care system.
- - Prince County Hospital has identified a need for chronic care unit within their facility.
- - when the Stewart Memorial Hospital, Chronic Care Unit was conceived the other Island hospitals did not commit themselves to using the unit; as a consequence, Prince County Hospital is discharging Tyne Valley residents to home, instead of to Stewart Memorial Hospital. These patients are too sick to be discharged to home, within a short period of time their condition further deteriorates, requiring an admission to Stewart Memorial Hospital.

YOUR POINT OF VIEW

CLINICS

- - it has been suggested by the Canadian Hemophiliac Society to establish a Comprehensive Care Clinic at the Queen Elizabeth Hospital and that the province find a full-time Hematologist to head such a clinic and a Nurse Coordinator to assist in the running of the clinics.
- - it is believed that the role of out-patients clinics has to be studied. There appears to be a role for ambulatory clinics in medicine, obstetrics, chemotherapy, therapeutics, etc.; however, a new building would be needed to develop this service.
- - concern was expressed over the unmanaged proliferation of clinics in the province. It appears that growth is occurring without us knowing whether it is cost effective or cost efficient. A suggestion was made to carry out a cost/benefit analysis of the clinics.
- - it has been suggested that consideration should be given to creating incentives to encourage physicians to do more in their offices.
- - a special clinic should be developed for head and spinal cord injured patients. Possibly two clinics a month would be sufficient.
- - the P.E.I. Hospital Association supports the creation of Community Health Clinics with a staff physician and an expanded role of various other health professionals.
- - consideration must be given to seniors private pay clinics, similar to the one recently established in Souris.
- - Physiotherapy Private Clinics are better equipped than hospitals. Laser technology is the 'in thing' but hospitals do not have the equipment.

YOUR POINT OF VIEW

COMMUNICATIONS DEPARTMENTS/HOSPITAL SWITCHBOARD

- - the hospital departmental budgets should be available in April not in September.
- - presently, there are five response centers across the province for the Lifeline System. It is believed this System should be centralized for costs reasons alone.
- - it has been suggested that the commissionaires, and not the Communications Department should be responsible for the door monitoring system at the Queen Elizabeth Hospital.
- - consideration should be given to the implementation of computer technology to facilitate better communication.
- - staff development sessions are very limited for communications staff in this province.

COMMUNITY CARE FACILITIES

- - concern was expressed that a rural hospital is seeing patients who are too sick to be cared for at community care facilities. Are these facilities caring for patients beyond their skill level?
- - manors in Western Prince Edward Island have had very little contact with local community care facilities.
- - community care facilities in West Prince require additional physiotherapy services.

COMMUNITY CARE FACILITIES (continued)

- - it is the perception that there are a number of residents in manor beds who could be in community care facilities; however, due to financial reasons families find the manor more attractive.
- - it has been suggested that government should subsidize relatives to keep seniors or disabled at home, as this would minimize institutionalization.
- - a concern was raised regarding placement for young Islanders upon discharge from hospital if the home environment is not appropriate.
- - the community care facility in Richmond is primarily for female seniors.

CONVALESCENT CARE

ROLE OF COMMUNITY HOSPITALS

- - community hospitals have a great role to play in convalescent care. Transfers of post-op or less acutely ill patients from Queen Elizabeth Hospital or Prince County Hospital back to local hospital is encouraged. Community hospitals believe that patients could be transferred sooner than they presently are.
- - there is a perception on the part of Queen Elizabeth Hospital that community hospitals are sometimes reluctant to accept "fresh" post-ops.
- - there is a perception that surgeons are reluctant to transfer patients to community hospitals for convalescence, perhaps because of a potential loss of income.

CONVALESCENT CARE (continued)

ROLE OF DR. ERIC FOUND HEALTH CENTRE

- - there is a concern that patients are being transferred prematurely from Queen Elizabeth Hospital to Dr. Eric Found Health Centre.
- - there is some concern about the admission criteria to Dr. Eric Found Health Centre. It is believed that patients will not be accepted unless their condition can be guaranteed - ambulatory, not confused.
- - it was suggested that staff at Queen Elizabeth Hospital should be educated about the intent and purpose of convalescent care and palliative care beds.
- - is there a role for the Dr. Eric Found Health Centre in the care of the young person who has been injured and is ready for discharge but the home situation is not appropriate?

UTILIZATION

- - concern has been noted over the inappropriate utilization of acute care beds by patients requiring convalescent care. Suggestions for improvement are: patients should be moved to a nursing unit where less nursing care is offered or to a hospital which offers a lower level of care.

ROLE OF STEWART MEMORIAL HOSPITAL

- - there seems to be confusion over the role of the Stewart Memorial Hospital - convalescent care, extended care, long-term care, chronic care, acute care. This creates some awkwardness of and aversion to transferring patients there.

YOUR POINT OF VIEW

COORDINATION

INTERAGENCY

- - it was suggested that health, social services and education professionals should meet monthly. The system should work towards 'case management'.
- - an interagency committee comprised of representation from : R.C.M.P., Justice, Social Services, Victim Services, Drug Addiction, etc., which meets regularly in Alberton, has found it difficult to coordinate services as there are different geographical service boundaries for different agencies.
- - greater coordination is required between hospitals, medical community and Department of Health - particularly Public Health.
- - it is thought that individual agencies are too caught up in protecting their turf to see opportunities for coordination. The Hospital and Health Services Commission must work closely with the Department of Health to ensure the roles of both complement each other.
- - to avoid both duplication and gaps in service, there is a need for the cooperative and coordinated development of service. Too often hospital/health decisions are based on political pressures rather than assured planning.
- - an ongoing review panel should be established with representatives from various regions, institutions and levels of local government.
- - currently interaction occurs most commonly between the acute care system and in the areas of Home Care and Support, Mental Health and long-term care and less in other areas of prevention and health promotion.

COORDINATION (continued)

- - hospitals often do not understand the mandate of Department of Social Services. The hospitals' contact with the Department of Health & Social Services is very infrequent and usually only occurs when there is a problem. There should be a better way of bringing professionals including physicians together.
- - hospitals and government must participate in a planned approach to equipment replacement and upgrading based on a shared financial responsibility by each party.
- - the province should consider the formation of a coordinated department to deal with services to children.
- - it was suggested that the hospital, manor and Home Care could work together with seniors to develop a full day program. It was noted there are some manor residents who could be discharged home if a day program was available in the community.
- - it is believed there is no need for all information regarding a patient to be shared among all agencies involved in a case, rather it should be on an "as required" basis.
- - there should be more formal and frequent communication among the many health players. Expertise should be shared. For example, the hospital has very little contact with Public Health, despite the fact they probably have a lot to offer hospital staff.
- - it is thought that a continuum of care does not exist. There are many players all having their own priorities but no one looking at coordinating priorities. There is a lot of "ball passing" between players - no one thinks any problem is within their mandate.
- - could the sharing of staff development sessions between hospitals and the Department of Health and Social Services be more frequent?

YOUR POINT OF VIEW

COORDINATION (continued)

- - it is thought that Mental Health needs more contact with other health professionals such as nurses and the method of contact should be a formalized setting such as medical rounds.

- - it is suggested that there is a need to re-evaluate and reorganize the health care system to provide a more efficient continuum of care between community and acute care setting.

HOSPITAL ROLE

- - there should be more communication among departments and a greater understanding of the role of each department.

- - there are those who believe the Queen Elizabeth Hospital underestimates the capabilities of rural hospitals.

- - nurses and reception staff in rural hospitals could have a greater role in directing public to Social Services.

- - there is a need for a coordinated cardiac education program consistently applied in all areas of hospitals.

- - hospitals could develop a role as Resource Information Centers for health delivery.

EMERGENCY

- - ongoing cooperation between hospitals and ambulance attendants should be continued to enable the provision of optimal care.

COORDINATION (continued)

- - hospital emergency staff must be more aware of community needs and situations.
- - it was suggested that Emergency Department staff from the seven hospitals should meet regularly to discuss common concerns. Such meetings could improve emergency care by introducing a degree of province-wide uniformity that presently does not exist.

NUTRITION

- - it was suggested that the nutrition-coordinator position of the Department of Health and Social Services be maintained and in addition, a new position of a Provincial Nutrition Coordinator be created. One role of a Provincial Coordinator would be the coordination of dietetic services in hospitals.
- -dietitians should meet regularly and attempt some provincial coordination.
- - the responsibility for coordination of Nutrition Services should belong to the Hospital and Health Services Commission and not the Queen Elizabeth Hospital. The Queen Elizabeth Hospital in its desire to assist, sometimes appears to be patronizing; as well, it is believed that the Queen Elizabeth Hospital has very little appreciation of the issues and concerns associated with nutrition services in the rural hospitals.
- - it has been suggested that Food Service Supervisors meet on a regular basis.
- - it was suggested that hospital nutritionists do need the degree of coordination and contact as is presently the case in the Department of Health and Social Services where nutritionists spend one day per month together.

COORDINATION (continued)

DISCHARGE PLANNING

- - it was suggested that the hospital should employ a full-time resource worker - discharge planner or social worker , to have the sole responsibility of tying all the loose ends together for the patient before they return to the community.
- - it is suggested that Prince County Hospital needs a discharge planning officer who would work with the Division of Aging and the Division of Home Care and Support as well as families.
- - a discharge planning committee meets weekly at the Community Hospital and it is believed this is useful and is evidence of improved coordination between the parties.

ACCESS

- - a responsive and comprehensive public information program should be developed to inform, respond to concerns and to address public expectations in cooperation with Government. Consideration should be given to appointing a patient representative or ombudsman to facilitate response to concerns.
- - it has been suggested that a means be developed by which Islanders can become aware of the services available and the alternatives to hospital-based care.
- - there is a need for improved awareness of utilization and coordination of all aspects of service and resources available to patients within and between hospitals.
- - there should be a focal point that ties all loose ends together e.g. medical, occupational therapy,physiotherapy,Mental Health, addictions.
- - improved communication and knowledge about respective services and community providers would enhance service to the client and avoid overlapping services.

COORDINATION (continued)

- - an example cited of a gap in the health care system due to lack of coordination is a patient who presents in the Emergency Department at Queen Elizabeth Hospital, but who cannot be admitted due to lack of beds. The patient is discharged from the Emergency Department, still in need of intervention, but has not been directed to the proper community services where some support e.g. Mental Health might be available and appropriate. Many community services are available outside regular working hours.

- - concern has been expressed that although providers may know the system and think the public can access, in reality, consumers know very little about the system and find it extremely frustrating trying to access services. Generally speaking, families are at the mercy of the system and in particular, the individuals who work in the system. Coordination may exist, but the players are very territorial.

- - it was suggested that there are too many self-help groups and single focus volunteer groups resulting in many overlaps and confusion in the minds of the public as to the role of each. It was suggested that volunteer groups amalgamate or form an umbrella structure that ensures complementary roles for individual agencies and not duplication.

- - it was suggested that Public Health could be a tremendous resource in identifying problems and referring clients to the appropriate services.

INTERHOSPITAL

- - department heads should meet regularly with provincial counterparts.

- - there should be more staff development opportunities available in the province. All hospitals would benefit from this but there is uncertainty about who should coordinate the effort, perhaps the Hospital Association or Hospital and Health Services Commission.

COORDINATION (continued)

- - hospital Maintenance and Engineering Departments should be meeting regularly on a provincial basis.
- - it has been suggested that staff of Central Supply Departments should meet annually to discuss items of mutual interest.
- - to achieve uniformity among the smaller hospitals, the five administrative services managers should meet regularly.
- - there is need for a liaison person for rural hospital Radiology Departments.
- - it has been suggested that there should be regular meetings of hospital Laboratory Departments and that possibly a Lab liaison person is needed.
- - staff from Medical Records Department should meet regularly to standardize procedures and discuss issues.
- - it would be helpful for the staff of Admitting Departments to meet to discuss procedures.
- - it was suggested that the five small hospitals in particular could be more standardized and uniform in their accounting procedures. If the Accounting staff met regularly, there would be much to gain from sharing information.
- - volunteers and managers should meet regularly, this should include the hospital, manor and nursing home sectors.
- - the Hospital Association should organize an annual session for pastoral care workers and volunteers province-wide.

COORDINATION (continued)

- - Laundry staff from across the Island should meet on a regular basis.

TRANSFERS

- - it is the perception that patients are being transferred out-of-province for treatment that could be carried out at the Queen Elizabeth Hospital.

- - it has been suggested that Head Nurses from Queen Elizabeth Hospital should spend time in small hospital settings; particularly Head Nurses from units that do a lot of transferring to and from rural hospitals. It is the thought that there is a Queen Elizabeth Hospital perception that small hospitals do not provide acute care.

- - the coordination of medical air transports requires clear communications. It requires full disclosure of pertinent information on a patient's condition. Reference has been made to the creation of a Transport Coordinator position at the Isaac Walton Killam Hospital, which has improved communications significantly.

PSYCHIATRY

- - cooperation between Addiction Services and psychiatric services has been improving, but could be enhanced by joint education sessions so that each may understand the other.

- - it is thought that the Psychiatric Community Liaison Nurse program is working well and has improved services to psychiatric patients in Queen Elizabeth Hospital on nursing units other than the designated psychiatric unit, and to patients discharged to the community. It is thought that this program is facilitating early discharge and is providing more crisis intervention. For control and communication purposes, it is believed essential that this program be hospital based.

COORDINATION (continued)

- - there should be closer links between the psychiatric units at the Queen Elizabeth Hospital and Prince County Hospital. It was suggested that staff periodically should rotate between the units.

- - concern was expressed in Kings County that discharges from the Queen Elizabeth Hospital Psychiatric Unit may not be referred to Community Mental Health for follow-up.

- - it is recommended that close links be forged between psychiatric and addiction services.

PROVINCIAL/REGIONAL

- - there would be a more effective continuum of care if all health care delivery services were delivered by one elected Community Health Care Board. This would allow a maximum amount of coordination between the providers to address such issues as the increasing need for an emphasis on health promotion. Currently there are too many jurisdictions resulting in built-in inefficiencies in coordination and communication.

- - the day of the "lone-wolf" specialist is past. The province should be looking at province-wide departments in the specialties such as lab, radiology, ophthalmology, orthopedics, etc. A reasonable rotation system should be devised and suitable administrative and organizational arrangements, e.g. a joint medical staff committee, be made between the two larger hospitals. Alternate options such as this will have to be explored.

YOUR POINT OF VIEW

C.T.SCAN

- - concern was expressed that C.T.'s are now being ordered just because the unit is now in Charlottetown.
- - general practitioners in particular find some of the guidelines for using the C.T. Scan problematic, e.g. a scan of the back requires an orthopedic consultation.
- - there is concern over the quandary of sending an emergency head patient direct to Moncton where a C.T.Scan can be done and a neurosurgeon is readily available OR sending the patient to Charlottetown for a scan and then transfer to Moncton if necessary; valuable time could be lost by going to Charlottetown first.

CYSTIC FIBROSIS

UNMET NEEDS

- - as more patients survive Cystic Fibrosis into adulthood there is a need to address: family support; provision of opportunities to participate in and contribute to the community; and the costs of treatment.
- - in addition to the central clinic at the Queen Elizabeth Hospital, local hospitals need to be developed and staff oriented to the needs of the Cystic Fibrosis patient.
- - Cystic Fibrosis management is expensive in both time and medication needs, complete costs must be covered.
- - Cystic Fibrosis patients could better utilize Public Health and community nurses if these health professionals were appropriately educated and trained in this area.
- - too few physicians and allied personnel are familiar with Cystic Fibrosis.

YOUR POINT OF VIEW

DENTISTRY

- - the allocation of time in the Operating Room at the Queen Elizabeth Hospital should be re-organized to ensure that more operating hours are allocated to dentistry.
- - the public should be informed that a fully equipped dental operating room is available within the hospital environment.
- - the criteria regarding dental patients who are approved for coverage by the Hospital and Health Services Commission should be reviewed with a view of expanding the coverage.

DERMATOLOGY

- - there is a need for another dermatologist in P.E.I.
- - access to out-patient ultraviolet light facilities can reduce the need for hospitalization of patients with psoriasis.
- - Souris Hospital could benefit from periodic visits from a dermatologist and an internist.

DISCHARGE PLANNING

HOME CARE

- - home care could be more effective if hospital nurses had a greater commitment to discharge planning. The hospital nurse must know the patients better and work towards discharge from the time of the admission.

DISCHARGE PLANNING (continued)

- - there are an increasing number of older patients who live alone and require care and supports.
- - home care has really not affected the patient's length of stay but it does ensure the patient is better prepared for discharge.
- - concern was expressed over the problem of knowing when a patient should be terminated from the liaison nurse (Unit 9 at the Queen Elizabeth Hospital) and the Home Care and Support's caseload. These services have been criticized for having the potential to create unnecessary long term dependencies.
- - if discharge planning in the Emergency Department was improved, utilization of the hospital in general should decrease. Emergency staff come in contact with a lot of people and are aware of many situations where patients need home support.
- - financial disincentives make it difficult for patients to stay at home.
- - perhaps Resident Care Workers should be employed to work with the elderly in the hospital to prepare them to return home.
- - many parents are poorly educated and the family structure may be lacking. When children are discharged from hospital, someone should be following the parent and child to the home setting to do on-site teaching, monitoring and compliance, etc.

OTHER

- - the **length of stay** for obstetrical patients is declining.
- - Unit 5(Pediatrics) at the Queen Elizabeth Hospital plans to **follow-up all discharges** with telephone calls to home.

DISCHARGE PLANNING (continued)

- - **patient teaching** should be a very strong component of nursing in emergency.
- - **pastoral care** follow-up is vital; should Queen Elizabeth Hospital pastoral volunteer service extend to the community? It has been suggested that churches should offer these services as they are largely an untapped resource.
- - there is a danger that the **Social Worker** is being regarded solely as a discharge planner the role should be a broader one.
- - discharge planning for **the elderly** should begin on admission. The impact of the increased number of elderly and minimal number of nursing home beds, have made discharge planning difficult.
- - **Public Health** should participate in discharge planning.
- - **physiotherapy services** should be available at home.
- - ointments and bandages, due to funding, still require a visit to the **Out-Patient Department**.
- - discharge planning should be **formalized** throughout the entire province.
- - the Prince County Hospital needs a **discharge planning officer** who would work with Aging and Extended Care's Placement Officer, Home Care and Support and families.
- - there is **no need** to have discharge planning positions. If there is extra funding put it into staffing on the floors and do not create more administrative type positions.

YOUR POINT OF VIEW

DOMESTIC VIOLENCE

- - concern was expressed over hospitals and physicians failing to report incidents of sexual assault as required by law.
- - what role should the hospital play in providing safe housing for victims of domestic violence or their families in a crisis situation?

ELECTROCARDIOGRAM (ECG) DEPARTMENTS

- - Pulmonary Functions Testing is presently not done at Kings County Memorial Hospital, could an ECG technician be trained to carry out these functions?
- - recruitment of laboratory and x-ray staff to the Island hospitals is a problem.
- - technicians do most of the ECG's at Souris Hospital, L.N.A.'s have also been trained to do them, either one or the other should be doing them on a regular basis.
- - a clerical person is needed to assist the ECG manager at the Prince County Hospital.
- - ECG technicians require more time with patients to explain procedures, etc.
- - ECG technicians should be required to have Grade XII with sciences, or L.N.A. training. Presently a person would qualify with just a general hospital background.
- - at least one physician in this province orders an ECG on every hospital admission, is this appropriate?

YOUR POINT OF VIEW

EDUCATION OF HEALTH PROFESSIONALS

NURSING EDUCATION:

- - the Provincial Government should continue to support the proposed baccalaureate in nursing program at U.P.E.I.
- - the baccalaureate program at U.P.E.I. should make provision for post-basic education for nurses within five years of its establishment.
- - nursing education on P.E.I. should continue to emphasize the skills required to care for the sick and increase the provision of skills for health promotion.
- - degree nurses, trained at off-Island universities, have many qualities like writing skills, etc., but they do not have the commitment to the hospital like graduates of the School of Nursing.
- - degree nurses have deficits in actual procedural, situational matters probably because they lack the practical experience.
- - diploma nurses who continue their education to obtain their degree are excellent.
- - the post-diploma nurse needs an accessible education path to acquire the entry level requirements for nursing practice in the future.
- - the baccalaureate program must develop a balance between nursing theory and practice.
- - the Association of Nurses of Prince Edward Island and the Prince Edward Island Nurses Union should each offer one annual scholarship for nursing education.
- - hospital nurses are disturbed by the fact that instructors at the School of Nursing can get a sabbatical leave on three-quarters salary.

EDUCATION OF HEALTH PROFESSIONALS (continued)

- - nurses need to be trained in leadership skills; the basic and generic principles of leadership can be applied to nursing.
- - many staff nurses do not see the need for degree nurses.
- - the challenge of post-basic nursing education programs is to make them more accessible to nurses both in terms of time and cost.

OTHER

- - is it recommended that a bilingual **Resident Care Worker** course be offered by the Provincial Government.
- - concern was expressed over the **quality of the Medical Secretary's course** offered by Holland College. Students do not get exposure to the Compendium of Pharmaceuticals and Specialities, which is much used in any health services setting and their exposure to medical terminology is not very extensive.
- - there should be greater opportunity for medical professionals to access formal training to improve and maintain knowledge and skills in the area of **palliative care.**
- - training, in-service and clinical experience for **nurses in palliative care** should be provided on an ongoing basis.
- - the Province should undertake a complete review of the **Licensed Nursing Assistant program** to ensure that the knowledge and skill of graduates are consistent with changing requirements.

EDUCATION OF HEALTH PROFESSIONALS (continued)

- - **the Dietetic Internship Program** at the Queen Elizabeth Hospital should be expanded or at least continued at its present level.

EMERGENCY DEPARTMENTS

DEMAND

- - there is a need to address in the near future, the issue of ambulatory care which encompasses: emergency, clinics, out-patients and day surgery.
- - concern was expressed over the demand for emergency radiological procedures and the inability of Queen Elizabeth Hospital Radiology Department to respond in a timely way.
- - a gap in the health care system due to lack of coordination is apparent when patients presenting at Emergency Departments are not admitted due to a lack of beds. Patients are discharged from the Emergency Department, still in need of intervention, but are not directed to the proper community services where some support might be available and appropriate, e.g. mental health. However, many community services are unavailable outside working hours.
- - to reduce admissions to the psychiatric unit at Queen Elizabeth Hospital, it was suggested that a social work position in the Emergency Department at Queen Elizabeth Hospital, be created to screen and triage patients to determine the need for a psychiatric consult and a bed. It was noted, however, that with few or no community referral options on evening and weekends, it is unlikely that such a program would reduce admission to the psychiatric unit.

EMERGENCY DEPARTMENTS (continued)

- - all hospitals and ambulance services should be encouraged to buy or lease Provincial Integrated Communication System(PICS) radios to ensure that all first responders are able to communicate during an emergency.

- - there is concern regarding air evacuations of critically ill patients when Air Search and Rescue leaves Canadian Forces Base Summerside.

ROLE

- - there is a need for Emergency Departments in small hospitals to be able to service emergencies and meet demands during bad weather.

- - patient teaching should be a very strong component of nursing in emergency. Patients should get good written instructions before leaving Emergency Department and if necessary, should be instructed as to the proper use of an Emergency Department.

- - any competent general practitioner who has been properly trained can offer good quality care within the Emergency Department setting. Specialty services can be used as a backup for more difficult cases only.

- - the hospitals' role in a disaster needs improvement in the field of communications especially in the human relations aspect.

- - emergency services should be developed in smaller hospitals to include advanced cardiac interventions e.g. cardio-version, use of thrombolytic therapy.

- - hospital staff must be more aware of community needs and situations. A course of action of referral should be noted on the out-patient charts and quality assurance audits should be done on this type of networking.

YOUR POINT OF VIEW

EMERGENCY DEPARTMENTS (continued)

- · some nursing staff do not feel comfortable working in the Emergency Department due to lack of confidence in their ability to respond to emergencies.

- - nurses and physicians should provide more instructions to patients receiving services in the Emergency Department.

- - a West Prince resident is admitted to a West Prince Hospital depending on the ambulance used, not which hospital can provide the emergency service.

- - a comprehensive ambulatory care facility should be developed as an addition to the Queen Elizabeth Hospital complex to separate emergency care from out-patient care and to allow natural growth in both services.

- - hospital Emergency Departments should be utilizing the Report on Hospital Protocol for Battered Women to educate staff to respond to victims in a sensitive manner.

TRAINING

- - it is recommended that all registered nurses in small hospitals be trained in Advanced Cardiac Life Support and Advanced Trauma Life Support in order to provide the best possible emergency care.

- - ongoing and active continuing education is required for both nursing and medical staff in regard to the stabilization of patients awaiting transfer to other facilities.

- - nurses who work in Emergency Departments should be provided with the necessary training to ensure that optimum care is provided to acutely ill patients.

EMERGENCY DEPARTMENT (continued)

UTILIZATION

- - the demands on Emergency Departments are growing due both to public expectations and family practice methods. For some physicians, the Emergency Department is just an extension of their office practice.
- - if appropriate supports were provided at home, many visits could possibly be eliminated. It presently is not the mindset of nursing or medical staff to make a referral to Home Care and Support.
- - concern was expressed over the public's perception of the role of emergency services. Confusion exists over the terminology: emergency, ambulatory care and out-patients. These terms should be clarified for the public and used consistently.
- - it was noted that, particularly on weekends, Emergency Departments are used as a doctor's clinic. A substantial user fee may limit abuse.
- - there is a need for public education regarding the proper use of the Emergency Department. Physicians have a major responsibility and role to play in encouraging the appropriate use of the service.
- - in smaller hospitals, physicians are seeing patients in emergency instead of the office. This occurs most frequently when the physician is already in the hospital doing rounds.
- - examples of misuse of the Emergency Department include: prescription refills, common ailments like sore throats, biopsies.
- - during the Home Care and Support supplies pilot project, the utilization of the Emergency Department at Prince County Hospital decreased.

EMERGENCY DEPARTMENTS (continued)

- - if Prince County Hospital had an appropriate observation room, some admissions to the hospital could be avoided. Patients are admitted to in-patient beds unnecessarily due to the absence of an observation room in the Emergency Department.
- -patients who visit Emergency Departments repeatedly should be targeted as a group requiring special consideration to prevent frequent hospital visits.

OTHER

- - it was suggested that the staff of Emergency Departments across the province should **meet regularly to discuss common concerns** and to introduce a degree of uniformity province-wide that presently does not exist.
- - **security of the Emergency Department** is a major concern of nursing staff.
- - attention should be given to assessing the need for a **psychological incident stress debriefing** for first responders following a mass casualty incident.
- - it is important to determine the **role of physicians in relation to the Medical Emergency Response Team** in a mass or multiple casualty incident.
- - it would be very helpful if as many health care providers as possible had an appreciation of the many factors that come into play and the many procedures to be followed in conducting a **medevac airlift.** An understanding of these factors would put the response times into proper perspective.

YOUR POINT OF VIEW

ENGINEERING DEPARTMENTS

- - it was suggested that the new western hospitals should standardize their equipment with Queen Elizabeth Hospital. This would allow the sharing of maintenance agreements.
- - all engineering staff should meet regularly for information sharing, as well as inservice training.
- - the Queen Elizabeth Hospital engineering staff could provide assistance to other hospitals in the province - however there seems to be a reluctance to look to the Queen Elizabeth Hospital for advice/assistance.
- - it was suggested that the larger hospitals could organize educational days for engineering staff on particular subjects.
- - concern was expressed that trades people in small hospitals are in danger of losing their trade if they are not constantly updated.
- - the engineering staff of the seven hospitals should meet regularly to discuss issues of mutual concern e.g. preventive maintenance requirements, maintenance contracts, systems, etc.
- - the overlap between housekeeping and engineering causes friction between the departments from time to time.
- - it was suggested that perhaps Holland College could offer short courses on topics of interest to Engineering Departments, for example, refrigeration controls.
- - it was suggested that the Maintenance Manager at Prince County Hospital could provide management services to the West Prince hospitals.

ENGINEERING DEPARTMENTS (continued)

- - the servicing of highly specialized pieces of equipment should be contracted out provincially.

EPILEPSY

- - financial assistance should be available to cover the cost of medication for persons with epilepsy.
- - financial assistance should be available to cover transportation and accommodation costs of necessary off-Island neurological services.
- - there should be better neurological services provided through: increased visits by a pediatric neurologist, adult neurologist or a residential neurologist; and a clinic dealing with neurological disorders.
- - physicians should be required to have more in-service training concerning epilepsy.

EQUIPMENT

- - the issue of funds for capital equipment purchases should be addressed.
- - nurses are very careless in their handling of hospital property and equipment. This could be excusable in an emergency situation but not under routine circumstances.
- - hospitals should have a clear view and understanding of the place of new technology and the appropriate replacement of old technology.

YOUR POINT OF VIEW

EQUIPMENT (continued)

- - ideally the province should be able to get its act together on equipment purchases. As well, group purchasing for major hospitals in the Maritimes would have significant savings.

- - the Provincial Government should play a larger role in capital equipment funding and hospitals should be allowed to depreciate the cost of the equipment.

- - the Provincial Government must approve a major infusion of capital funds into the hospital system. Equipment and facilities are aging and there are no reserves to draw on.

- - necessary equipment such as beds, wheelchairs, etc., should be available through the Division of Home Care and Support.

- - there is need for hospitals to develop 'special needs' equipment resources for community use.

ETHICS

- - allowing abortions on P.E.I. recognizes the needs and desires of a majority of Islanders but would evoke criticism of vocal minority.

- - nurses question whether many surgical interventions on older, more fragile patients are necessary.

- - one of the major concerns about research and heroic procedures is the exploitation of the patient. How can the patient be protected from experimentation and exploitation?

YOUR POINT OF VIEW

ETHICS (continued)

- - the reason behind some surgical procedures is questioned. Is the procedure being done out of kindness, because it presents a challenge to the physician, or because there is a reasonable expectation that the intervention will produce a positive patient outcome?

- - the greatest costs incurred in the hospital system over the last two years were related to the practice of general medicine - not technology nor sophisticated procedures.

- - there should be a standing mechanism with broad representation from the community, the Department of Health and Social Services and the acute care sector to consider ethical questions posed by technology.

- - the system should be doing less and evaluating more. Outcome measurement should be done of the many interventions initiated in the health care system.

FINANCE DEPARTMENTS

- - billings between government departments and hospitals for lab and physio services, should be eliminated; they just add to the paperwork.

- - a management information system should be a priority for the system. At the Queen Elizabeth Hospital, there may be a need to establish a separate Data Processing Department and employ a Systems Analyst.

- - it was suggested that the Finance Department staff from all hospitals should meet regularly to discuss issues of common interest. Perhaps finance staff from Hospital and Health Services Commission could attend occasionally.

YOUR POINT OF VIEW

FINANCE DEPARTMENTS (continued)

- - it was suggested that admitting functions in smaller hospitals should fall under the responsibility of Accounting/Finance Departments. All accounts receivable come through admitting and therefore the two departments must work closely together.

- - concern was expressed that the five smaller hospitals in particular could be standardized and uniform in their procedures. If the accounting staff from the small hospitals got together regularly there would be much to gain from sharing information, e.g. standardized forms, group purchasing of forms, improved statistical reporting, standardized and consistent use of the Canadian Hospital Accounting Manual codes.

- - concern was expressed over the use the Hospital and Health Services Commission makes of the information regularly submitted by the hospitals.

- - it was noted that the Canadian Hospital Accounting Manual is very outdated and the hospitals should now be going with the MIS(Management Information System) guidelines.

- - concern was expressed over the budgetary process. A status quo budget should not be submitted until November, this would allow projections to be based on a six month period.

- - it was questioned why the Hospital and Health Services Commission could not prepare the hospitals' status quo budget.

- - the Hospital and Health Services Commission should be a resource to hospitals, not a policing agency.

- - Hospital and Health Services Commission should have a Health Care Consultant who has good common sense and excellent people skills.

- - it was questioned why a non-shareable account is necessary under global budgeting.

YOUR POINT OF VIEW

FRENCH

- - a bilingual Resident Care Worker course should be offered by the Provincial Government.
- - there is a need for bilingual staff in psychology, speech therapy and dental hygiene services.
- - Public Health services should be available in appropriate areas in french. This is particularly important for child development assessments.
- - there should be upgrading of french services in Island hospitals especially to the elderly and to young children.
- - bilingual reception services at Prince County Hospital, Queen Elizabeth Hospital, Community, Western and Stewart Memorial Hospitals.

FUNDING

- - it has been suggested that voluntary donations should not be exhausted and they should not detract from government funding responsibilities.
- - the Provincial Government should play a greater role in capital equipment funding and hospitals should be allowed to depreciate the cost of the equipment.
- - the non-Queen Elizabeth Hospital component of the activities of the centralized lab should be identified and the funding of this component be separated from the Queen Elizabeth Hospital budget. A mechanism should be developed for the return of some fiscal responsibility to outside users of the Provincial Laboratory.

FUNDING (continued)

- - the Provincial Government must approve a major infusion of capital funds into the hospital system. Equipment and physical plants are aging and there are no reserves to draw upon.
- - it was suggested that Treasury Board could benefit from direct contact with hospitals on funding requirements.
- - the public should have to pay something for all the services they receive. Public should take more responsibility for their health e.g. if patients insist on smoking then the costs of the medical interventions to treat the effects, should not be borne by the public, but rather by the individual.
- - hospitals should consider renting facilities to doctors as revenue options.

GERIATRICS

ALTERNATE METHODS

- - day care centres for the elderly should be established and staffed by L.N.A.'s.
- - the Provincial Government should assist families in keeping their family member at home as it will be very costly for government to keep constructing nursing homes and many hospital beds are filled by patients who have nowhere else to go.
- - the health care system should develop a particular interest in enabling senior citizens to stay in their own homes.
- - a comprehensive hospital-based chronic care program should be established as an insured service available to all Islanders.

YOUR POINT OF VIEW

GERIATRICS (continued)

- - there is a need for a comprehensive day program. This would relieve the demands for institutionalization as well as pressures on family caregivers.

- - it was noted that there are some manor residents who could be discharged to home if there was a day program in the community.

- - there should be more options available to the elderly for community living.

HOSPITAL ROLE

- - Western Hospital requires a separate area for all levels of care for seniors e.g. acute, chronic and social admissions.

- - there is a need for improved programming for seniors within the hospital.

- - following surgery, seniors should receive longer hospital recuperation prior to returning to the limited facilities and medical services of a nursing home.

- - hospitals must prepare the patient and rehabilitate the patient to a realistic level of independence before returning them to their home.

- - some physicians use hospital beds as respite beds for patients whose domestic situation requires a temporary change in living arrangements.

- - it was noted that residents regress when they are admitted to hospital for an episodic illness. If manors had adequate resources, their staff could provide a service to the hospital when manor patients are hospitalized.

- - although a high percentage of in-patients are seniors, no hospital geriatric programs exist. Staff are too task oriented and do not have a holistic perspective.

GERIATRICS (continued)

- - programming for seniors must have a high profile.

- - hospital staff just do not have the time to give the additional time required to a geriatric patient. They are busy with acutely ill patients, whose needs will always be a priority over someone who is not acutely ill.

- - it was suggested that the Province do all the drug purchasing for hospitals, particularly the geriatric drugs.

PHYSICIAN

- - physicians will have to pay more attention to the problems of seniors in the future. It seems the physicians pay attention to the acute care needs of the patient but may not act on a patient's minor concerns, until the concern becomes major.

- - concern was expressed that physicians prescribe excessive amount of drugs to seniors.

UNMET NEEDS

- - the special needs of senior citizens especially in the inappropriate and over-prescribing of mood altering and hypnotic drugs have to be recognized and responded to in a more adequate manner.

- - the province needs a geriatric assessment unit regardless of where the ownership lies.

- - P.E.I. needs a gerontologist. The province has an identifiable geriatric population, therefore it is in a good position to be a leader in geriatrics.

- - there is a need for geriatric health care aimed at health maintenance and enhanced ability to live at home.

GERIATRICS (continued)

- - the most significant unmet need is the need to spend time with patients e.g. social needs, getting patients out of bed and walking, and teaching patients.
- - a gerontologist is needed for P.E.I. hospitals.
- - the system should plan for increasing orthoplastic surgery as the population of the elderly increases.
- - geriatric services of both a general and specialized nature should be developed to meet the needs of our elderly patients and to cope with a growing aging population. Included should be an appropriate flow through system of beds with hospital control over access.
- - nurses in community and hospital settings need more education on geriatric care.

GENERAL PRACTITIONERS

ROLE

- - general practitioners have become more active in counselling, lifestyle issues, etc.
- - the general practitioner needs a home and community focus - not technology and reactive services.
- - now that specialists are more readily available, it is thought that a general practitioner should not be doing obstetrics.

YOUR POINT OF VIEW

GENERAL PRACTITIONERS (continued)

- - the training of general practitioners in psychiatry in this Province is unique to the Atlantic area. At the present, several general practitioners who have received additional training have privileges to admit and treat patients in the psychiatric unit at Queen Elizabeth Hospital. This development was necessary due to the acute shortage of psychiatrists in P.E.I.
- - lifestyle seems to be the major contributing factor for general practitioners dropping obstetrics from their practices.
- - nurses often question the general practitioner when it is not necessary. The idea of being second guessed by everyone can be frustrating.
- - the general practitioner is the primary care provider and should remain the gatekeeper. The general practitioner should make the decisions about referrals to specialists.
- - the Family Physician should continue to play a pivotal role in the health care system.
- - physicians must be active in health promotion. The system currently does not encourage this. A classic indication of the system's orientation is the "Physician's Claim for Reimbursement" form. The form requires an illness if the doctor is to be paid.
- - most general practitioners decide to do obstetrics to build up their family practice but once it is firmly established they drop it for an easier, less demanding lifestyle.
- - general practitioners are doing next to nothing in teaching families. If there was more teaching done at the general practitioner level, many hospital admissions could be prevented.
- - the isues of high premiums with the Canadian Medical Protective Association is not a deterrent any longer to general practitioners doing obstetrics.

YOUR POINT OF VIEW

GENERAL PRACTITIONERS (continued)

RELATIONSHIP WITH SPECIALISTS

- - the referring physician should always retain control over the patient, not the referred-to specialist.
- - it is the perception that specialists keep patients as long as they want to without referring them back to the family physician.
- - the advent of visiting specialists has redefined the role of the general practitioner. This is seen to be a positive development since it allows the general practitioner to spend more time with each patient doing preventive medicine rather than tertiary medicine.
- - specialists have been invited to the hospital as consultants to the general practitioners, but they are continuing on in their relationship with the patient providing primary care and practicing general medicine.
- - concern was expressed over the role of medical consultants, in particular, multi-visits to specialists. Excessive repeat visits lead one to think they are generating their own work and are taking patients away from general practitioners.
- - one specialist says, "concerns expressed by general practitioners over specialists doing primary care rather than working as consultants is a legitimate concern".
- - questions were raised regarding the role of Queen Elizabeth Hospital as a specialty hospital versus a community hospital. If a continual stream of specialties are added to Queen Elizabeth Hospital, what happens to the general practitioner's role at Queen Elizabeth Hospital? Would a designated general practitioner unit at Queen Elizabeth Hospital be supported? Can the Queen Elizabeth Hospital handle the mix of specialty services for the province and primary care services for Queens County?
- - it was stated that the primary care physician must be protected.

GENERAL PRACTITIONERS (continued)

- - the general practitioner must retain admitting privileges to the hospital.
- - concern was expressed that family physicians often hold on to their patients and do not refer them to specialists. The result is hospitalization which could have been avoided.
- - frustration was expressed over the primary care services provided by pediatricians in particular. The tendency is for parents to take their child to the pediatrician for regular check-ups but to the local general practitioner when the child is sick. So the general practitioner treats the child when they are sick and the pediatrician sees the child when they are well.
- - concern was expressed that there are very few controls in the system, e.g. there should be limits as to what cardiology is referred out-of-province, a general practitioner or surgeon can refer to an out-of-province cardiologist without first consulting with a local internist. These referrals (which may be inappropriate) affect the response time for bona fide cardiac referrals made by an internist.
- - ninety per cent of admissions to the psychiatric unit at Prince County Hospital are by general practitioners and it is thought that if general practitioners are admitting to this unit, a policy should be instituted whereby a consult with a psychiatrist is required. At present, general practitioners often do not make timely referrals to the psychiatrist.
- - it was questioned whether general practitioners should have direct access to out-of-province specialists or should they have to consult a local specialist first if one is available.
- - concern was expressed that general practitioners frequently admit children and keep them in hospital for an inordinately long period of time without consulting a pediatrician.

GENERAL PRACTITIONERS (continued)

OTHER PRACTITIONERS

- - some general practitioners are afraid of being displaced by nurses and specialists.
- - it was suggested that if general practitioners get out of obstetrics, midwives will have a role.
- - general practitioners are seeing babies sooner after delivery, making mothers feel that the public health nurse visit to the home is redundant. The mother then misses out on teaching and an opportunity to discuss problems .
- - nurses want to do what the general practitioner is supposed to be doing. The traditional role of the general practitioner must be maintained for the time being.

UTILIZATION

- - Queen Elizabeth Hospital is essentially a general practitioner run hospital.
- - concern was expressed over the undercurrents supporting the allocation of beds to specialties. This is done in teaching hospitals but should not be done in community hospitals like Queen Elizabeth Hospital. It is thought that even the partial allocation of beds to specialties is the "thin edge of the wedge" towards no admitting privileges for general practitioners.

OTHER

- - general practitioners should not be able to **access directly high, tech high cost services like c.t. scans.** Such services should be ordered by a specialist.
- - there should not be **disparities between the fees of a general practitioner and a specialist** for the same service.

GENERAL PRACTITIONERS (continued)

- - hospitals should use **the membership criteria established by the College of Family Physicians** when developing credentialling standards.

HEAD AND SPINE INJURIES

- - in recent years, the Eric Found Centre has not been able to accommodate head or spinal cord injured patients.
- - a rehab clinic targeting head and spinal cord injured patients should be developed and conducted twice monthly.
- - concern was expressed that a gap exists in the service continuum after the discharge of head and spinal cord injured patients from the Rehab. unit of Queen Elizabeth Hospital. In other parts of Canada, a rule of thumb for these patients is a five year follow-up period after discharge.
- - head injured patients tend to be young and will require services from the system for possibly 40-50 more years. There are eight to ten of these injuries per year. Presently there is no place in the system for these patients.
- - it was suggested that a step-down unit is required after the acute rehab phase, which would provide a supportive environment during the transition from institution to community.
- - there is a need for support services for head injured patients who have progressed on the Rehab. unit and have been discharged to the community. These individuals require a supportive environment, whether it be a half-way house, or a shelter arrangement during the week with return home on weekends. The needs of these individuals and their families are not being met.

HEAD AND SPINE INJURIES (continued)

- it was suggested that a Rehab Community Liaison Nurse position be explored. This would be a hospital-based nurse who would follow the patient through the acute rehab phase and out into the community. This nurse could also play a role in coordination clinics.

HOSPITAL ASSOCIATION OF PRINCE EDWARD ISLAND(HAP.E.I.)

- - the Hospital Association should work with the University of Prince Edward Island and/or Holland College to develop a health management program.
- - it was suggested that the HAP.E.I. could organize annual Maritime conferences for health care professionals.
- - it was suggested that HAP.E.I. could organize regular interhospital meetings of like departments.
- - HAP.E.I. should play a major role in labor relations. The health negotiating agency could have HAP.E.I. as its resource/research base. HAP.E.I. could provide a supportive role to the hospitals in the area of management and labor relations.
- - HAP.E.I. should have a broader role and represent health care organizations and not hospitals in particular. This could include, nursing homes.
- - all hospitals should forward copies of arbitration awards to HAP.E.I. for filing as a provincial library.
- - HAP.E.I. should be doing a lot more in labor relations e.g. working towards provincial consistency in contract interpretation, interviewing techniques.

H.A.P.I.E. (continued)

- - HAP.E.I. should be doing more in promoting and explaining group purchasing to the hospitals.
- - more staff development opportunities should be available in the province. In-province sessions allow a greater number of staff to attend. There should be sessions on: conflict resolution, positive working relationships etc. Perhaps HAP.E.I. could coordinate these sessions.

HEALTH PROMOTION

HOSPITAL ROLE

- - hospitals could promote health and provide coordination of other services beyond the narrow curative perspective.
- - hospitals should continue to focus on the technologically intense services of diagnosis, treatment and care of the ill.
- - hospitals should adopt smoking policies that indicate to the public that health professionals deplore smoking and the attendant health risks.
- - it is suggested that hospital health promotion programs should be managed by the hospital Public Relations Department.
- - hospitals and physicians should be a better resource to the community regarding environmental issues.

HEALTH PROMOTION (continued)

- - hospitals should be leaders in health promotion and role models for other industries. Hospitals should be very active in weight loss clinics, breast self-examination programs, smoking cessation programs, etc.
- - hospitals have a very limited vision and are very myopic; they are so acute-care oriented that they are overlooking other unmet needs in the community. Hospitals should be involved in wellness programs, etc. Hospitals have a credibility in the community that other agencies do not have.
- - hospitals should be the communities wellness centers, particularly in the smaller communities.
- - hospitals should protect the rights of the non-smoker by restricting and eliminating smoking areas and banning visitor smoking.
- - hospital personnel should have access to smoking cessation programs as they are visible examples of how the hospital views health.
- - hospitals will have to work out their relationship in new directions such as health promotion, disease prevention and public education.
- - employers should be encouraged to develop health promotion programs in the work place.
- - the role of hospitals is the provision of intensive clinical care of illness, disease and injuries. There is scope to broaden the focus with regard to the elderly to include a more rehabilitative approach. Planning, development and delivery of prevention and health promotion should be led by the Department of Health and Social Services.
- - hospitals should place additional emphasis on lifestyle teaching and health promotion.

YOUR POINT OF VIEW

HEALTH PROMOTION (continued)

- - there should be a shift in focus from the hospital as the major provider of health care which is actually illness care toward community based prevention.

- - there is a need to de-emphasize the role of hospitals as primarily acute care institutions.

- - hospitals should play a larger role in health education and health promotion and resources should be allocated to strengthen this mandate.

- - both by teaching and by example, a community hospital can participate in the promotion of health and wellness of the individual and the community.

NURSING

- - a study should be undertaken to determine the appropriate distribution of community based health promotion and prevention services by nurses and other health professionals.

- - nursing education on P.E.I. should continue to emphasize the skills required to care for the ill and increase the provision of skills for health promotion.

- - nurses functioning in broader health oriented roles should assume much of the responsibility for primary prevention and health promotion within the community.

- - nurses and other health care professionals should be used as resources for hospital based health promotion programs, but the programs should be planned, managed and evaluated by the Public Relations Department.

- - nurses have a broader perspective and an overall orientation to health promotion. The present approach to Health Promotion, as provided by Public Health is very 'piece-meal'. A broader vision is required.

YOUR POINT OF VIEW

HEALTH PROMOTIONS (continued)

- - it would be more cost effective for nurses to provide health promotion than for physicians to provide this service.

- - hospital nurses feel there is much more Public Health Nursing could be doing on a regular basis in the community, such as: well women clinics, foot clinics and blood pressure clinics.

- - nurses from hospital, Home Care and Support and Public Health should be doing much more in Health Promotion.

- - it is recommended that a nurse coordinated community based health care system be developed, utilizing many professions with emphasis on health promotion.

- - there is a need to develop a nurse coordinated clinic that would provide advice or referral to appropriate services.

CONTINUUM

- - it is recommended that primary prevention and health promotion programs receive greater emphasis within a new health oriented system, to reduce incidence of costly illnesses and injuries.

- - consumer education is seen as a major priority for the health system. We must equip consumers with digestible information that will enable them to live healthier lives.

- - health promotion should be made a priority in the system. Practitioners must have a holistic perspective. Health goals need to be established, monitored and evaluated.

- - the health system needs a revamped structure so that all players are clear about their role and where it fits in the broader scheme of things. A structure and philosophy that facilitates and promotes networking is required.

YOUR POINT OF VIEW

HEALTH PROMOTIONS (continued)

- - the provincial health care system is very splintered. A provincial council of sorts is needed to tie things together. Physicians need incentives to promote health, the present system is a disincentive.

- - it is necessary to ensure that communication exists between the health care community and the Department of the Environment to promote the interests of public health.

- - the entire health care team should be involved in health promotion.

- - there would be a more effective continuum of care if all health care delivery services were delivered by one elected Community Health Care Board. This would allow a maximum amount of coordination and communication between the providers to address such issues as the increasing need for an emphasis on health promotion.

FUNDING

- - the Provincial Government should alter the allocation of financial resources to reflect a gradually increasing priority for prevention and health promotion programs and services provided by nurses, while managing a steady decline of patients within acute care agencies.

- - there should be increased funding for public education programs supporting health promotion and preventative medicine.

- - there should be an increase in resources devoted to prevention and health promotion.

- - more resources should be allocated toward maintaining wellness through education, rehabilitation and prevention so the consumer would have less need to repeatedly access the physician/acute care system.

HEALTH PROMOTIONS (continued)

- - allocation of funding should emphasize prevention and health promotion, yet the bulk of budget is applied to illness care. The budget should be separated into respective lots, one for health promotion and one for illness care.

PUBLIC HEALTH

- - public health have a major role to play in preventing teenage pregnancies, sex education, contraception, etc. should be key components of their public education service. They must concentrate on reaching the ones who need it most but are the least likely to participate in organized activities. These services should be hospital based to maximize communications and coordina-tion among professionals. At the present time there are poor communications between the physicians and the Public Health nurses.
- - Public Health's primary and almost exclusive interest in children has resulted in the community being underserviced in the area of health promotion, adult immunizations, etc.

NEEDS

- - smoking cessation programs should be available universally across P.E.I. A mobile unit with trained personnel could achieve this.
- - preventative programs such as "Born Free" and school programs should be visibly and actively supported and recognized as cost-effective in the long run.
- - there is a need for geriatric health care aimed at health maintenance and enhanced ability to live at home.
- - additional resources are needed to teach nutrition and food management skills to low income families and to increase the availability of services in rural areas and provide health promotion programs with a nutritional component.

HEALTH PROMOTIONS (continued)

- prevention programs such as Back Care Programs and Heavy Lifting Programs should be offered to the community more frequently.

- a need exists for Family Life Education in the school system despite the objections of parents who influence trustees who in turn influence programs. The parents who are objecting do not represent the homes in need.

- it was suggested that a physiotherapy program could be developed for fish plant employees to prevent elbow and shoulder injuries.

PHYSICIAN ROLE

- a concern was expressed that consideration is being given to having the fee for annual exams taken out of the fee schedule and that patients will be billed in the future. The annual exam is really a health promotion opportunity for the physician. It is the only time that one goes looking for problems. Some physicians use this opportunity to talk to patients about cholesterol, smoking, sun exposure, etc. To do away with this opportunity is regression.

- physicians must be active in health promotion. The system currently does not encourage this, a classic indication of the system's orientation is the "Physician's Claim for Reimbursement." The form requires an illness if the doctor is to be paid.

OTHER

- the government should utilize optometry more extensively to promote preventative vision care.

- dietitians in the system have not time to get involved in public education or normal prevention strategies. They only have time for problems.

YOUR POINT OF VIEW

HILLSBOROUGH HOSPITAL

- - the referral system at Hillsborough Hospital is cumbersome, particularly in reference to committals.
- - prior to the establishment of the acute care psychiatric unit at Queen Elizabeth Hospital, the Hillsborough Hospital was the provincial facility responsible for all levels of psychiatric care. There was considerable flexibility in the manipulation of beds, with the introduction of the units at Prince County Hospital and Queen Elizabeth Hospital, this flexibility has been lost.
- - the Hillsborough Hospital, although a provincial facility, is staffed by Queen Elizabeth Hospital physicians and there are suggestions from time to time that Queen Elizabeth Hospital gets preferential treatment.

THE DIVISION OF HOME CARE AND SUPPORT (HCS)

UTILIZATION

- - concerns were expressed that many seniors are admitted to hospital because of their limited access to transportation. They can not make the arrangements for frequent appointments at the doctor's office or the out-patient department. It has been suggested that increased home care coverage could prevent this problem.
- - the supplies pilot project at Prince County Hospital was successful in reducing inappropriate usage of Emergency Department and it was suggested that perhaps this service should grow.

HCS (continued)

- - concern has been expressed that there is utilization abuse in the home care program. It is felt that this could be addressed by monitoring patient termination from the program e.g. average lengths of time for management of cases.
- - there is some concern that the Division of Home Care and Support, generally has not had a measurable effect on the patient's length of stay in hospital.
- - some hospital nursing units have ongoing contact with Home Care and Support; others have little or no contact.
- - concern was expressed over inappropriate referrals being made to community nurses (Public Health and Home Care). Patients are asking the doctor to request a nurse go to their home to cut nails. A question was raised as to whether the family could be cutting a patients nails.

PHYSICIAN INVOLVEMENT

- - concern has been expressed that there is a lack of physician involvement in the Home Care and Support program. It was noted that the fee structure would have to change if physicians were to become more involved, e.g. one physician suggested that veterinarians get paid more for a barn call than a physician who makes a house call.
- - it has been suggested that physician's should be more educated on the role of the Home Care and Support program.
- - the nursing staff in the Division of Home Care and Support should be under the direction of a physician.
- - more physician involvement is required to support in-home palliative care.

HCS (continued)

HOME CARE COVERAGE

- - it has been suggested that more Registered Nurse coverage is required in home care, especially in patient follow-up after discharge from the hospital.
- - more home care coverage is required for pediatrics, particularly in the area of on-site teaching in the home.
- - increased home care coverage would require more equipment and resources.
- - there are conflicting views on home care coverage; some suggest it should be available 24 hours a day, others have stated that the limitations of home care must be realized; 24 hour coverage is presently not possible.
- - the home care program is not a crisis oriented service therefore after office hours on Fridays home care patients should use the hospital services.

STAFF DEVELOPMENT

- - home care nurses should have additional training in the assessment of a patient in their home.
- - concern was expressed that nursing skills in the home setting should be expanded to cover specialty areas e.g. Alzhiemer's, postnatal care.
- - nursing staff should be rotated throughout the entire continuum of health care; the hospital, home care and the manor.
- - there should be more sharing of information and training sessions among health care professionals and paraprofessionals.

HCS (continued)

COORDINATION

- - appropriate mechanisms must be in place to provide better communication and coordination among: the hospitals, the Division of Aging and Extended Care, and the Division of Home Care and Support.

- - mechanisms should be in place to better coordinate required services to the home care teams. For example, some teams have access to a nutritionist others do not.

UNMET NEEDS

- - there is some question about the responsibility of assessing hearing and vision needs in the elderly at home. Is this the role of the Division of Home Care and Support?

- - there is a need for more Occupational Therapy and Physio Therapy services within the Division of Home Care and Support.

- - Nutrition Services at the Department of Health and Social Services needs to be expanded to meet the needs in the Division of Home Care and Support.

ORGANIZATION

- - the home care program should be implemented from the hospital setting as it would provide greater continuity of care for post acute and rehab patients. However, there is a fear that if the services of Home Care and Support were institutionally based it would be swallowed up by the medical model.

- - there is a perception that the liaison nurse from Unit 9 at the Queen Elizabeth Hospital and the Division of Home Care and Support are providing an overlap in service.

- - home care should be upgraded to the 'extramural hospital' status, offering a range of acute care services in the home.

YOUR POINT OF VIEW

HCS (continued)

- - conflicting perspectives exist on the orientation of the Home Care Program. Some argue that with its present focus on routine nursing procedures and social supports, the program will not have a noticeable impact on hospitals. Others believe the heavy emphasis on 'supports' improves the quality of life for clients and prevents premature institutionalization.

INSURED SERVICES

- - providing dressings to patients in the home environment should be an insured service. Physicians presently have the patient come to the hospital as this has been the 'easier' solution.

- - patients requiring home oxygen should receive financial assistance.

OTHER

- - Public Health and the Division of Home Care and Support have a greater role to play in **health promotion** then they are presently providing.

- - careful consideration should be given to **'private pay' seniors clinics** to provide health care to seniors in the community (similar to the seniors clinic in Souris).

- - many health care services could be more efficiently provided through **shared services** among the Division of Home Care and Support, the Division of Aging and Extended Care and hospital services.

- - a more formalized system should be in place for **discharge planning.**

- - there is a perception that the Division of Home Care and Support may be too aggressive in **marketing** their services; the supply creating the demand and creating unnecessary social dependencies.

YOUR POINT OF VIEW

HCS (continued)

- - it was suggested that 'community options' instead of hospitals, should be utilized for **respite care** to seniors at home with Alzheimer's and dementia.

- - there is a need for more **palliative care facilities** to serve the needs of the terminally ill.

- - it has been suggested that **respite care** should be under the mandate of the Division of Home Care and Support.

HOSPICE

- - options should be pursued to enhance the excellent working relationship between hospice and hospital staff.

- - improvement of palliative care services should be a government priority and acknowledgment made of the contribution of Hospice programs to the development of care of the terminally ill.

- - provincial standards should be developed for palliative care beds.

- - there should be more reliance on the volunteer sector than there has been in the past. Hospice should be supported by health professionals, particularly by doctors.

- - medical staff should be encouraged to support in-home terminal care where appropriate.

YOUR POINT OF VIEW

HOSPITAL ROLE (NON-TRADITIONAL)

PUBLIC EDUCATION

- - hospital Registered Nurses should demonstrate initiative by playing a greater role in community, e.g. teach mothers how to bath their babies, therefore hospital nurses and the Public Health Nurses could work together to accomplish more in the community. A further comment suggested 'if nurses could do more than just their traditional routine work they'd be happier'.

- - hospitals will have to work out their responsibilities in new directions such as health promotion, disease prevention, and public education.

- - there is too much responsibility on the school system for health education, should hospitals play a larger role?

HEALTH PROMOTION

- - additional emphasis must be placed on lifestyle teaching and health promotion.

- - doctors and nurses should play a larger role in encouraging addicted patients to get treatment.

- - hospitals should adopt smoking policies that indicate to the public that health professionals deplore smoking and the attendant health risks.

- - hospitals could promote health and provide coordination of other services beyond the narrow 'curative' perspectives.

- - the Department of Environment does not see itself as the focal point for environmental information on asthma, allergies, etc., the hospitals could be a resource to communities across the Province in this regard.

HOSPITAL ROLE (NON-TRADITIONAL) continued

- - the hospitals should be leaders in health promotion and role models for other industries. In house, the hospitals should be very active in weight loss clinics, self breast examinations, smoking cessation programs and other health promotion programs.

- - hospitals should protect the rights of the non-smokers by restricting and eliminating smoking areas and banning visitor smoking.

PHYSICIAN INVOLVEMENT

- - doctors should be more aware of environmental issues related to water chemistry and contamination, e.g. arsenic, hardness, etc., as messages vary from doctor to doctor.

- - the Province should have better methods of communicating environmental alerts to individual physicians and hospitals, e.g. Shellfish Alert.

- - there should be a child sexual abuse protocol for the health care system as there are very few referrals from physicians.

UNMET NEEDS

- - the Canadian Hemophiliac Society would like to see a Comprehensive Care Clinic open at the Queen Elizabeth Hospital.

- - there is a need for liaison between hospitals and the patient's home in the community.

- - there is a need to establish a comprehensive hospital based chronic care program as an insured service available to all Islanders.

- - the facilities of the Adolescent Unit should be expanded to meet the increasing needs of youth with severe emotional and/or behavioral problems.

HOSPITAL ROLE (NON-TRADITIONAL)
continued

- - the hospital should be moving to meet obvious community needs such as; youth and addictions, the aging population, etc.
- - the rehabilitation unit at the Queen Elizabeth Hospital should employ a Rehab Liaison Nurse to provide community follow-up.
- - hospitals have a very limited vision and are very myopic, they are so acute care oriented they are overlooking other unmet needs in the community. Hospitals have a credibility in the community that other agencies do not have.

UTILIZATION

- - due to high occupancy rates of the Summerside Detox beds, the overflow of the emergency detox patients are being treated at the hospital. However, even when detox beds are available doctors still admit to the hospital often under a diagnosis different than alcohol or substance abuse.

COORDINATION

- - there is a need to explore mechanisms which would improve the coordination and integration of health and support services on a regional basis.
- - smaller community hospitals should make facilities and equipment more available to community based health care providers.
- - Optometric services should be available to provincial hospitals and health care institutions.
- - there is a need to develop preventative and community based services as part of the total health care system in which hospitals are key but not central players.

HOSPITAL ROLE (NON-TRADITONAL) continued

- - there is a need to pursue options to enhance the relationship between hospitals and Island Hospice.

ALTERNATE METHODS

- - there is a concern that if Home Care was hospital based it would be swallowed up by the medical model. Medical services will be the funding priorities of the future; if affiliated with the hospital, Home care would be the first to go when cuts are required.
- - the health care system needs a revamped structure so players know their role and where they fit into the 'big picture'.
- - the Queen Elizabeth Hospital should operate it's own Home Care Program. The present Home Care Program is primarily for the elderly; the hospitals could broaden the program to service all ages in the community.
- - hospitals should be the community's wellness centers, particularly in the smaller communities. If this was the case and everything was under one roof, it would assist in recruiting health professionals to the community.
- - seven acute care hospitals are not required/needed in a province the size of Prince Edward Island.
- - P.E.I. should evaluate the applicability of New Brunswick's Extra Mural Hospital concept.
- - the Province should support the development of Centers of Excellence in Summerside and Charlottetown.

YOUR POINT OF VIEW

HOSPITAL ROLE (NON-TRADITIONAL) continued

- - the Centers of Excellence concept is of limited relevance to P.E.I., such a concept requires access to top notch services which in most instances P.E.I. does not have or can not support.

- - that the focus of health care services on P.E.I. be community based as opposed to hospital based services.

- - hospitals should be tapping manor resources; it would be cheaper for the manor to provide specialized staff to the hospital as a temporary measure, then to build extra beds in the manor system.

LEVEL OF CARE

- - palliative care units should be established in Island hospitals as patients would rather stay in their community hospital than transfer to the Eric Found Center in Charlottetown.

- - hospital staff are in the best position to assist a family over the short term in dealing with intrusive psychological trauma of a hospital stay. A psychiatrist is not always necessary, often a mental health worker will do.

- - as research progresses, additional hospital services will be necessary to provide treatments, e.g. some muscular dystrophy disorders.

- - should hospital have a role to play in safe housing for victims of domestic violence or families in crisis?

HOSPITAL ROLE (NON-TRADITIONAL) continued

SHARED SERVICES

- - if Home Care is to expand in the community then more and more equipment will be required. It has been suggested that the hospital could assist in the maintenance and storage of this equipment.

OTHER

- - there is a need for a provincial regulatory body similar to the former **Laboratory Council** which should have the control over the type of testing done at the various institutions.
- - what is the role of **Prince County Hospital**, a community hospital or a referral hospital for Islanders west of Crapaud?

HOSPITAL ROLE (TRADITIONAL)

UNMET NEEDS

- - there is a need for more direct access to services such as palliative care beds and respite beds.
- - hospitals must recognize that the needs for information, support and security are the same as, and equally as important for the intellectually impaired as the rest of society, when ill or in need of hospital services.

YOUR POINT OF VIEW

HOSPITAL ROLE (TRADITIONAL) continued

- - hospitals need to develop appropriate resources in conjunction with the Mental Health Association, to assist parents who have been informed that their child is handicapped.
- - there is a need to develop a multi-disciplinary hospital addictions committee.
- - further development is required in the area of out-patient detoxification routines in acute care facilities throughout the Island.
- - hospital boards should develop a protocol to deal with professionals (nurses and physicians) who appear to be chemically dependent or impaired on duty.
- - there is a concern that any emphasis on chronic care may diminish the acute care status of the hospital. It was suggested that it would be more appropriate to centralize patients who require constant nursing care. The Eric found Center should continue to meet this need.
- - seniors often require longer convalescent periods; however, if the patient remains in a regular acute care environment the possibility of deterioration in condition is high.
- - a colonoscope with appropriate staffing should be available at the Queen Elizabeth Hospital.
- - there is a need for environmental and atmosphere improvement in the chemotherapy areas of both the Queen Elizabeth Hospital and Prince County Hospital.
- - improved programming for seniors within hospital is required.
- - the upgrading of french services in provincial acute care facilities is needed.

YOUR POINT OF VIEW

HOSPITAL ROLE (TRADITIONAL) continued

- - there is a need to ensure that 'technology' is adopted and applied appropriately and is not at the expense of necessary 'bed-side' care.

- - more senior and experienced social workers are required for psychiatric units.

PHYSICIAN INVOLVEMENT

- - physicians should be held accountable for failing to report incidents of sexual assault.

- - if the Queen Elizabeth Hospital's status changed to that of a specialty hospital, the primary care physician must be protected, e.g. the general practitioner must retain admitting privileges to the hospital.

- - family practitioners should take an active and aggressive part in the administrative aspects of governing and the running of our hospital departments.

RANGE OF PROCEDURES

- - there is danger of too many health professionals spreading out too few experiences; P.E.I. does not always have the critical mass to support a procedure.

- - services in acute care facilities on P.E.I. need to be improved so fewer patients will have to go to Halifax or Moncton for services.

- - emergency services should be further developed to include advanced cardiac interventions, e.g. cardio-version external pacing and the use of thrombolytic therapy.

- - day surgery in the Community Hospital should be expanded using local anaestheia, e.g. cystoscopys, gastroscopys, hernias, vasectomies, sigmoids, hemorrhoids, bandings, etc.

HOSPITAL ROLE (TRADITIONAL) continued

- - smaller hospitals are not equipped to treat psychiatric patients, physicians must be pressured to transfer these patients to Prince County Hospital or Queen Elizabeth Hospital.

- - smaller hospitals need to expand their diagnostic capabilities; rural hospitals should have the capabilities to do routine laboratory tests.

- - Community Hospital should have surgery services, this facility is nothing more than a general practitioner hospital even though West prince has well qualified physicians. There is a danger of Community Hospital becoming a chronic care hospital like Western Hospital, Kings County Memorial Hospital, Souris Hospital, and Stewart Memorial Hospital.

- - ensure that existing and future roles of hospitals are identified not just as 'services' but also in terms of staff requirements.

- - the Queen Elizabeth Hospital should allow abortion procedures; it is believed that not allowing this service is discrimination against women.

- - sigmoids could be done in Souris Hospital if the physicians would take a two week course.

- - there is a duplication of specialties in Charlottetown. It is believed that these services could be spread throughout the province as there is no written commandment that says specialty services must go to Charlottetown.

- - the Prince County Hospital should be designated as a center for surgical excellence as they have the operating room time and beds available.

HOSPITAL ROLE (TRADITIONAL) continued

- - a question was raised as to how the colonoscopies at the Prince County Hospital will be affected with the arrival of the new internal medical physician at the Queen Elizabeth Hospital.
- - it would not be appropriate to designate one hospital as a Center of Excellence in ears nose and throat as it is small sub- specialty and the types of procedures done depends very much on the specialist.
- - there are cited reasons why the psychiatric unit at the Prince County Hospital has not been designated a detention unit: a need for a safe seclusion room; qualifications of the nursing staff; and the solo practice of Dr. Triantafillou.
- - hospital Emergency Departments should utilize the Hospital Protocol for Battered Women.
- - preventative services in some instances are more appropriately located in the hospital setting, e.g. audiology, speech therapy.

PUBLIC EXPECTATIONS

- - does the hospital have a responsibility to assess every patient that presents at the hospital even if the patient's mission is to find out how he goes about seeing a doctor?

OUT-OF-PROVINCE

- - despite the presence of specialists at the Queen Elizabeth Hospital who can do certain procedures, there are a lot of patients from the Prince County Hospital going out-of-province for the same procedures.

HOSPITAL ROLE (TRADITIONAL) continued

• - medevac is responsible for a patient from take off to landing, not from landing to the referred hospital. The Issac Walton Killam Hospital has it's own transfer team to meet a patient on landing; however, the Victoria General Hospital objects to sending their hospital team to meet the aircraft.

COORDINATION

• - there should be closer links between Unit 9 at the Queen Elizabeth Hospital and the psychiatric unit at the Prince County Hospital. It was suggested that psychiatric staff should rotate periodically between these two units.

• - there is a need to re-evaluate and re-organize the health care system to provide a more efficient continuum of care between the community and the acute care setting.

• - a formalized service should be developed between the hospital staff and the manor to take blood from manor residents in Souris.

• - there is a need to improve awareness of utilization and coordination of all aspects of service and resources available to patients within and between hospitals.

• - more communication is required between patients, doctors, hospital staff, pastoral workers and parish lay visitors in West Prince.

• - there is a need to create a position for the coordination of dietetic services in Island hospitals.

STAFFING

• - the psychiatric staff at the Prince County Hospital may not have sufficient exposure to the broad ranges of psychotic conditions due to low activity levels and therefore do not develop the expertise required to work in a psychiatric unit.

HOSPITAL ROLE (TRADITIONAL) continued

- - the perceived trend to centralization should be reversed to include regional utilization of specialist services such as psychiatrists and infection control personnel.

EDUCATION

- - hospitals should employ patient-teaching personnel that would be responsible for referring patients to appropriate community programs and to act as a liaison between the hospital and community groups.
- - the public should be informed that a fully equipped dental operating room is available within the hospital environment.
- - all hospitals staff should be more sensitive to the very real problems of illiteracy.

HEALTH PROMOTION

- - there is a need to place more emphasis on health promotion and prevention; however, the bulk of the budget is applied to illness care.
- - hospitals should continue to focus on the technologically intense services of diagnosis, treatment and care of the ill.
- - employers in the health care system should encourage the development of health promotion programs in the workplace.

ALTERNATE METHODS

- - consideration should be given to establishing Centers of Excellence at the Prince County Hospital and the Queen Elizabeth Hospital.

HOSPITAL ROLE (TRADITIONAL) continued

- - citizens do not want Community Hospital used as a geriatric facility instead of an acute care unit nor do they want any new addition to be used for chronic care, psychiatric care, and/or detoxification.

- - it is believed that hospital beds should be used for respite beds.

FUNDING

- - the non-Queen Elizabeth Hospital component of the activities at the central laboratory be identified and the funding of this component be separated from the Queen Elizabeth Hospital global budget. A mechanism should be developed for the return of some fiscal responsibility to outside users of the Central Laboratory.

UNMET NEEDS

- - in addition to the central clinic at the Queen Elizabeth Hospital, local hospitals need to be more developed and staff oriented to the needs of Cystic Fibrosis patients.

- - the province should be looking at province-wide departments in the specialties such as laboratory, radiology, ophthalmology, orthopedics, etc. A reasonable rotation system should be devised and suitable administrative and organizational arrangements worked out between the two larger hospitals. Perhaps there should be a joint medical staff committee between Prince County Hospital and Queen Elizabeth Hospital to work through some of these issues and to foster better relations.

REFERRALS

- - the Out-Patient Department should make more referrals to Public Health for blood pressure checks and when babies with a temperature are seen in the Out-Patient Department. The Public Health Nurse should be asked to follow-up the next day with a phone call.

HOSPITAL ROLE (TRADITIONAL) continued

LEVEL OF CARE

- - originally, the medical nursing unit at Stewart Memorial Hospital was developed to relieve waiting lists at Prince County Hospital, however the referrals never happened. Should this unit be designated as a chronic care or geriatric care unit?

- - there is a concern with the medical nursing unit at Stewart Memorial Hospital; patients receive the same level of care and services as the 13 other acute care beds. The unit is not being utilized properly. The Hospital Health Services Commission does not monitor this unit as it did in this past.

OTHER

- - it has been suggested that a totally **new hospital** be constructed in O'Leary as opposed to a new wing to replace the current old wing on the present site.

- - there is no legitimate reason why Prince County Hospital should not be **certifying patients**. As it stands now, Queen Elizabeth Hospital gets the troublesome patients.

- - a basic **occupational therapy** program should be in place at all hospitals.

- - hospitals need to have a clear view of the place of **new technology** and the appropriate replacement of old technology.

- - the **role of the hospital** is the provision of intensive clinical care of illness, disease, injuries and rehabilitation. Planning, development and delivery of prevention, and health promotion should be led by the Department of Health and Social Services.

- - **institutions** should be licensed in categories to reflect their staff and equipment complement.

HOSPITAL ROLE (TRADITIONAL) continued

- - that hospitals establish; **multicultural policies and protocols**, develop multicultural committees to identify needs and issues, and address those needs.
- - an admission to **Unit 9 at the Queen Elizabeth Hospital** has a psychological impact itself on the patient. Treatment in a local hospital is less intrusive with fewer interventions resulting in a shorter stay. It is believed that patients admitted to Unit 9 at the Queen Elizabeth Hospital develop unnecessary dependencies.
- - it is believed that each hospital in **West Prince** should have 25 acute care beds.
- - an immediate decision is required on **laboratory** with preference for a centralized authority and responsibility at the Queen Elizabeth Hospital.
- - the Queen Elizabeth Hospital **underestimates the capabilities** of the smaller community hospitals in the province.
- - it was suggested that Western Hospital appoint on an annual basis a titular **head of the Emergency Department** from both a nursing and medical perspective.

HOUSEKEEPING DEPARTMENTS

STAFF DEVELOPMENT

- - hospital management is putting greater demands on staff for upgrading and higher education. As long as they are good workers and can do the job competently, caring and compassionately, why should higher education standards be imposed?
- - staff question why housekeeping courses are not recognized in the Collective Agreements as the Food Service Supervisor's course is.

HOUSEKEEPING DEPARTMENTS (continued)

- - Personnel Departments should play a greater role in dealing with staff issues in housekeeping.

- - it is recommended that every housekeeping staff member achieve at least the basic level of the housekeeping course which has been offered periodically by the Hospital Association of P.E.I. and the Queen Elizabeth Hospital.

RECOGNITION

- - staff other than nurses should be recognized to a greater extent in the organization.

- - there is a very strong sense in the hospital that nurses and physicians are the only ones that count. Housekeeping staff are not recognized as part of the team.

ROLE

- - concern was expressed that often the housekeeping staff are pressed for time and are feeling considerable pressure to complete their work while nurses stand by chatting. If nurses have some idle time on occasion, could they not help make beds?

- - the overlap between Housekeeping and Engineering causes friction between the Departments from time to time.

YOUR POINT OF VIEW

HOSPITAL AND HEALTH SERVICES COMMISSION (HHSC)

UTILIZATION

- - concerns were expressed that there are very few controls in the system regarding referrals for out-of-province service.
- - a role of the Hospital and Health Services Commission could be to compare physician practice profiles, establish norms and investigate deviations from the norm.
- - Hospital and Health Services Commission should assess the current utilization of all beds and determine the amount and nature of space required to accommodate those presently in acute care or long-term care settings whose needs could be more appropriately met elsewhere.
- - there is some concern on the part of physicians about the Hospital and Health Services Commission investigating patterns of practice.
- - there is some question about the role the Hospital and Health Services Commission should play in utilization management.
- - there should be more auditing of physician records.
- - the Hospital and Health Services Commission should have a major role to play in establishing practice norms, monitoring activity and dealing with aberrations.
- - the Hospital and Health Services Commission could be responsible for monitoring utilization, however it would need better information on e.g. diagnosis, lengths of stay, re-admission rates, comparisons with other similar size hospitals, etc.

YOUR POINT OF VIEW

HHSC (continued)

- - the Hospital and Health Services Commission should appoint someone to aggressively monitor lengths of stay by physician.

- - the Hospital and Health Services Commission should be doing more outcome measurement and program evaluation.

BUDGETS/FINANCE

- - the Hospital and Health Services Commission staff should attend hospital budget meetings in order to get a firsthand understanding of the needs of individual departments and thus be able to make a more compelling argument to Treasury Board on the hospitals' behalf.

- - Finance (Accounting) Departments' staff from all hospitals should meet on a regular basis and occasionally invite Hospital and Health Services Commission Finance staff.

- - status quo budgets should not be required until November in order to base projections on a 6 month period.

- - the Hospital and Health Services Commission does not take patient acuity into account when budgetary decisions are made. There should be a patient classification system to measure workload and acuity.

- - a suggestion was made that the Hospital and Health Services Commission could prepare the status quo budgets for the hospitals.

- - hospitals would appreciate some discussion with the Hospital and Health Services Commission Directors over new initiatives.

- - under global budgeting why is a non-shareable account necessary?

YOUR POINT OF VIEW

HHSC (continued)

- - the necessity of the numerous accounting procedures associated with out-patient visits but not with in-patient visits is questioned.

STRUCTURE/ORGANIZATION

- - the Hospital and Health Services Commission should work closely with Department of Health and Social Services to ensure the roles of each complement the other.

- - there should be a mechanism in place providing coordination between the Hospital and Health Services Commission, the Department of Health and Social Services and the hospitals to ensure programs are complementary.

- - the Hospital and Health Services Commission Nurse Consultant should be a resource to all hospital Directors of Nursing on topics such as quality assurance, budgets and special projects.

- - there is a need for a nutrition coordinator position with Hospital and Health Services Commission for central coordination of hospital nutritionists similar to the position with the Division of Special Services in the Department of Health and Social Services. Responsibilities could also include province-wide staff development at all levels of nutrition staffing.

- - the role of the Hospital and Health Services Commission should be as a resource to hospitals, not a policing agency.

- - instead of employing permanent health care consultants, the Hospital and Health Services Commission might consider utilizing expertise from other provinces.

- - the Hospital and Health Services Commission could contract the services of a Health Record Consultant from another province to establish provincial guidelines for health records e.g. release of information.

HHSC (continued)

- - there is a perception that Hospital and Health Services Commission is not familiar with the operations of the hospitals.

STANDARDS

- - the Hospital and Health Services Commission should standardize hospital policies such as retention of records and release of information.

- - there should be more provincial standards for staffing established by the Hospital and Health Services Commission.

DATA/INFORMATION

- - there should be standard reporting of statistics from hospitals to the Hospital and Health Services Commission.

- - there should be a provincial computer network linking the Hospital and Health Services Commission and hospitals, allowing the Hospital and Health Services Commission to update patient information more regularly, as the hospitals are a point of entry for patients.

- - there is some question about what use the Hospital and Health Services Commission makes of the information regularly received from hospitals.

- - the hospitals should become more sophisticated in information systems with interfaces to the Hospital and Health Services Commission and physician offices.

- - hospitals used to use the Hospital and Health Services Commission's required long-stay reports, to encourage physicians in timely chart completion.

HHSC (continued)

OTHER

- - the **patient assessment form** that is sent out by the Hospital and Health Services Commission as part of their audit procedure is unclear to patients completing the form. Directions in the covering letter should be more specific.
- - the current **in-patient claim form** should use terminology used with the Health Medical Records Institute (HMRI) program.
- - there is some concern that if the Hospital and Health Services Commission should decide that **Registered Technicians** (RT's, Radiology and Lab) are required in hospitals instead of CTs(Combined Techs), will CTs have the opportunity to become RTs?
- - does the Hospital and Health Services Commission have a role to play in coordinating **staff development** for hospitals?
- - it was suggested that the Hospital and Health Services Commission could compile and maintain a list of **health-related resource people** in the region who would be willing to put on seminars.

HUMAN RESOURCE PLANNING

PHYSICIAN RESOURCE PLANNING

- - within the medical community there are mixed feelings about the Provincial Physician Resource Plan. There is some acceptance of the concept of the need to plan, manage and control, but there is great resentment towards dictating where physicians can or should practice.

HUMAN RESOURCE PLANNING (continued)

- - the provincial Physician Resource Planning Committee should not be involved in recruitment for individual hospitals. This should remain a hospital responsibility.

- - recruitment and retention of physicians will continue to be a problem as long as there are fee schedule inequities between specialists and as long as fees generally remain below the Canadian average.

- - the Provincial Government should designate the number of specialists required for Charlottetown and Summerside and act accordingly. It was noted that physician fees are low in comparison with other provinces.

- - the day of the 'lone-wolf' specialist is past. The province should be looking at province-wide Departments in the specialties, such as: Laboratory Medicine, Radiology, Ophthalmology, Orthopedics. A reasonable rotation system should be devised and suitable administrative and organizational arrangements be developed between the two larger hospitals. Physicians are increasingly concerned about lifestyle issues and isolation.

- - it was observed that the Island is not an attractive place for many health care professionals due to the issue of solo practice. Solo practice in treatment specialties is usually very unattractive, but is less of a concern in diagnostic specialties.

- - concern was expressed over the difficulties in keeping specialists at Prince County Hospital due to the issue of solo practice. Other contributing factors are the small size of the town and the unattractive provincial fees.

DEMANDS

- - a female physician could be very busy in the Souris area without impacting significantly on the practices of other local doctors.

YOUR POINT OF VIEW

HUMAN RESOURCE PLANNING (continued)

- - Prince County Hospital needs increased ultrasound capabilities with increased radiologist coverage.

- - the absence of a neurologist in the hospital system causes inconvenience, for example in the treatment of disorders such as Multiple Sclerosis.

- - there is a critical shortage provincially of psychiatrists.

- - there is a need for a geriatrician for referrals and assessment. The General Practitioners need a consultant in geriatrics, in particular for the treatment of Alzhiemer's disease. Since the Island has an identifiable geriatric population, the province could easily be a leader in geriatrics.

- - there is a need for pediatricians and lab physicians.

- - a second full-time physiatrist could be utilized especially in the areas of neurorehabilitation and electrodiagnostic studies.

- - there is a need for an additional physiatrist in the province, who would be accessible to all hospitals, on a regular basis, for assessments. Visits twice a month by a physiatrist to community hospitals, for patient assessment and consultation with multi-disciplinary teams, could prevent inappropriate admissions to the Rehab unit at Queen Elizabeth Hospital and allow more appropriate rehab therapy at the community hospital level.

NURSING

- - diploma nurses are threatened by the developments in the nursing profession. A lot of their frustrations are being taken out on administration as the source of their problems.

HUMAN RESOURCE PLANNING (continued)

- - it is questioned whether degree nurses will find bedside nursing and all it entails an appealing career; whether the shortage of nurses will be exacerbated by the discontinuation of diploma programs; and whether anyone has objectively studied the real impact of the concept of the degree nurse as the entry level nurse.

- - there is a need to improve the career advancement structure and develop opportunities for nurses to make employment on Prince Edward Island, an attractive long-term commitment.

- - as interventions become more invasive and patient care more complex and aggressive, perhaps there is a need for a clinical nurse specialist at the Prince County Hospital. In this way, pressures on staff development personnel could be relieved.

- - hospital nurses could benefit from a rotation arrangement where periodically they would get exposure to Home Care and Support and Public Health. This would provide nurses with a broader perspective.

- - the concept of rotating nurses between hospital, Home Care and Public Health, is not realistic. There is enough difficulty in rotating nurses from unit to unit within a hospital,let alone out in the community. It was noted that nurses are beginning to look at community nursing e.g. Home Care, Public Health, as career options.

- - it was noted that well-qualified nurses are leaving the Island or leaving hospitals because occasional work as a casual nurse is not satisfactory, and hospitals can't offer these nurses full-time employment. It is the contention that the employer considers casual positions easier to budget for than permanent positions.

PHYSIO

- - it was noted that fee-for-service in private clinics is more attractive than salary and it encourages productivity.

YOUR POINT OF VIEW

HUMAN RESOURCE PLANNING (continued)

- - it was strongly emphasized that first-year graduate physiotherapy students should not be sent to outpost hospitals nor be recruited to sole charge positions.

- - in the area of physiotherapist recruitment, community ratios should be established as baseline guidelines. Incentives should developed. Individual communities should recruit on their own.

- - physiotherapy arrangements between institutions should be reviewed. It is very difficult and unattractive to a first-year graduate to occupy a position which reports to three hospitals and in fact has the responsibilities of a Department head in each hospital.

- - if a community can only support one physiotherapist, then that physio should be paid more in recognition of the increased responsibility of a sole charge position.

- - one recruitment incentive for physiotherapists is to have the sponsoring hospital pay back a portion of the student's loan using a formula based on each completed year of practice at the sponsoring hospital.

- - the larger the bursary to a physiotherapy student, the less likely the student will be able to pay it off if the decision is made to practice elsewhere. It would become a disincentive to practice elsewhere.

- - adequate salaries and improved paths of advancement are required to attract and retain therapists in Island facilities and to ensure therapists practice in an effective and cost-efficient manner.

- - each hospital should do its own recruiting and offer its own bursaries. Under the present arrangement, bursary students know only that they are coming to the Island, but they have no idea where they will be placed. Hospitals should have flexibility in establishing salary levels.

HUMAN RESOURCE PLANNING (continued)

- - it was noted that New Brunswick offers a $5000. incentive to physiotherapists.
- - the issue of solo practice is of concern to professionals such as Occupational Therapists and Physiotherapists. Since there is no relief for vacations, waiting lists for these services tend to get backed up.
- - the role of physio aides should be explored. There are many non-professional tasks which could be carried out by the aide, leaving the therapist free to treat patients.
- - a permanent full-time physio aide could be hired in Montague to allow an expansion of physio services within the hospital and out in the community.

OTHER

- - **laboratory practice** on Prince Edward Island should be made more attractive so that a less transient medical and scientific staff be established.
- - there is a recognition that Registered Technicians in either Radiology or Laboratory Medicine will be the way of the future, rather than **Combined Radiology/Lab Technicians.**
- - it is hoped that **Combined Techs** will be given the opportunity to become Registered Techs in either discipline with the Hospital as sponsor.
- - administrative and clinical roles of **nutritionists** should not be combined. The clinical dietitian is becoming very specialized. The administrative role in food services should be carried out by Food Service Supervisors.
- - uncertainty over the role of the **Home Economist in Food Services** was expressed, should they have a role in Food Service Management, should it be the dietitian or the Food Service Supervisor?

YOUR POINT OF VIEW

HUMAN RESOURCE PLANNING (continued)

- - **salaries** for Respiratory Therapists are probably the lowest in Canada and should be on par with salaries of Registered Nurses.

- - there are **staffing shortages** in social work, respiratory therapy and nursing; however there is uncertainty over who has the mandate for health services resource planning on a provincial basis.

- - interprovincial health technology evaluation and human resource planning could **eliminate duplication** and coordinate services and resources.

- - a priority should be placed on the planned **acquisition of qualified personnel** for our current and future health care system.

- - **pensions** should be transferable between Provincial government and the hospitals. There should be more incentives for staff to rotate and move throughout the system, since the more exposure individuals receive, the broader their perspective will be.

INTENSIVE CARE UNIT (I.C.U.)

STAFF DEVELOPMENT

- - respiratory technicians visit Intensive Care Unit (I.C.U.) every 2 hours to check equipment, however there are no technicians on the night shift. As nurses are required to perform these tasks on the evening and night shifts, their skills in this area must be maintained.

- - the level of staff development funding for I.C.U. is 'disgraceful'. In a cardiac care environment skills must be maintained; staff in I.C.U. should be required to have basic courses and refreshers e.g. Advanced Cardiac Life Support. It is not realistic to assume that staff should do all their own learning, on their own time, at their own expense.

- - ideally a nurse in I.C.U. should have: at least two years in an active Medical or Surgical Unit; at least three weeks orientation; arrhythmia courses; Advanced Cardiac Life Support; and basic level training is a must.

- - I.C.U. nurses should be recertified regularly for certain procedures, e.g. artery lines, I.V.'s.

TRANSFERS

- - it was noted that the Kings County Memorial Hospital does not refer as many myocardial infractions to the Queen Elizabeth Hospital as the Souris Hospital. Does this indicate that they keep them at King's County Memorial Hospital or that they don't have as many?

OUT-OF-PROVINCE

- - the I.C.U. at Queen Elizabeth Hospital has not experienced any impact from the Out-of-Province Liaison Program.

- - concern was expressed over the lack of information provided by out-of-province hospitals on patients transferred back to the Queen Elizabeth Hospital.

INTENSIVE CARE UNIT (continued)

PUBLIC EDUCATION

- - concern was expressed that there is little consistency and continuity within hospitals regarding teaching programs, e.g. I.C.U. at the Queen Elizabeth Hospital may be repeating what Unit 2 is teaching, there could be an overlap. It has been suggested that the teaching programs need to be pulled together in each hospital.

PUBLIC EXPECTATIONS

- - the public's perception of I.C.U. causes undue stress and concern which can actually be a determent to the well being of the patient.

COVERAGE

- - the availability of qualified, skilled float staff for I.C.U. is a concern.

ETHICS

- - a question of ethics has been raised with the level of care in I.C.U. e.g. stopping treatment once it has been initiated on the elderly patients.

LEVEL OF CARE

- - it was observed that families are apprehensive about a transfer from I.C.U. to another unit where there is less contact with nursing staff. The patient to nurse ratio in I.C.U. is 1:1 or 1:2, on other units it may be 1:7. Consideration must be given to how to better prepare the patient and family for less contact with nurses.

STANDARDS

- - there should be an I.C.U. committee to standardize care plans, procedures, address equipment issues, etc.. This committee should be comprised of specialists, general practitioner representation, and a head nurse.

INCENTIVES

- - the incentives for physicians to participate in Home Care by making visits etc., are improving; however the fee structure would have to change if the system shifted to Extra Mural.
- - the additional time the physician spent managing a case in the smaller acute care hospitals should be recognized in the fee code.
- - a specialist, after an initial referral should not get paid at the specialist rate if she/he is only doing primary care on the patient's subsequent visits.
- - there should be incentive and rewards in the health care system to nurture professional growth.
- - hospitals should consider renting facilities to physicians as revenue options.

INFECTION CONTROL

- - ideally the Queen Elizabeth Hospital should have two full-time Infection Control Officers.
- - many do not understand the role of Infection Control. Many still think they are 'the girls' who decide who should be put in isolation.
- - hospitals indicated concern over their relationship with Public Health regarding infection control. They have very little contact with Public Health. The contacts that do happen are one sided and Public Health does not reciprocate.
- - there is a need for an Infection Control Consultant to service public facilities, e.g. nursing homes.

YOUR POINT OF VIEW

INFECTION CONTROL (continued)

- - traditionally, Infection Control from the Queen Elizabeth Hospital made quarterly visits to Souris Hospital but last year they only made one visit.

- - it was suggested that there could be one nurse responsible for staff health, infection control and staff development, at Souris Hospital.

- - concern was expressed that the province lacks an overall strategy and leadership in the area of public health. What is the Department of Health and Social Services doing/planning, re: H.I.V. positives in the province, Hepatitis B, etc.

- - initially the Prince County Hospital had a lot of contact with the West Prince hospitals in regard to infection control, in recent times, Prince County Hospital only gets the occasional call from these hospitals.

- - regarding alternatives for smaller hospitals, it has been suggested that Infection Control and Quality Assurance would be more appropriate as a combined position than Staff Development with either Infection Control or Quality Assurance.

INSURED SERVICES

- - since the two major Island addiction treatment centers have close hospital liaisons, they should be designated as hospital services. Up to $100,000. per year could be recovered through reciprocal payments from the provinces for insured services by non-residents of Prince Edward Island for treatment in these facilities.

- - it is recommended that a referral fee to Ophthalmologists from Optometrists be allowed.

INSURED SERVICES (continued)

- - the complete cost of care of people with Cystic Fibrosis should be covered. The costs are overwhelming for individuals and families but are predictable and paradoxically greater if only partial support is given.
- - costs of eye prosthesis should be covered.
- - ostomy supplies should be an insured service as is the case in other provinces.
- - the Pharmacare Drug Plan is commendable but provision should be made to include some drugs for those under 65 years of age.
- - financial assistance should be available to cover the cost of medication for persons with epilepsy.
- - the cost of medication and the provision of supplies to be used in the care of the terminally ill in a home setting should be an insured service.
- - financial assistance should be available to cover transportation and accommodation cost of necessary off-Island neurological services.
- - Home Care supplies should be an insured service.
- - patients should not have to pay for the ambulance costs of a transfer from one hospital to another.
- - there should be a review of the criteria regarding dental patients who are approved for coverage by the Hospital and Health Services Commission with a view to expanding them.

YOUR POINT OF VIEW

INTERAGENCY

POLICY/PLANNING

- - the Provincial Government should include all professional organizations of the participants in the health care delivery system in an effort to assess, plan and implement policy and practice changes in the health care system.
- - to avoid duplications and gaps in service, there is a need for the cooperative and coordinated development of service. Too often hospital /health decisions are based on political pressures rather than assured planning.
- - an ongoing review panel should be established with regional, municipal and institutional representation. This review panel could take the form of a yearly forum or round table discussion along with regular information sharing.
- - hospitals, in partnership with other services, should work at administrative and practice levels to develop a continuum of care.
- - hospitals and governments must participate in a planned approach to equipment replacement and upgrading based on a shared responsibility by each party.
- - the need exists for a coordination of services on a regional basis to reduce the duplication and fragmentation of services provided by various organizations.

SPECIFICS

- - the Provincial Government should involve optometry in the health care planning process by the encouragement of cooperative interprofessional relations and by the formation of a standing or advisory committee on vision and eye care.
- - there are indications of support for the formation of a national agency and a provincial committee to provide an evaluation service for new health technology.

INTERAGENCY (continued)

- - a provincial regulatory body similar to the former Lab Council should have control over the type of testing done at the various institutions.

- - there should be a standing mechanism with broad representation from community, Department of Health and Social Services and the acute care sector to consider ethical questions posed by technology.

- - an opportunity for interagency coordination is highlighted by the suggestion that there are beds available in the private sector at times when all government beds are utilized.

- - rural hospitals contact with the Department of Health and Social Services is very infrequent and usually only occurs when there is a problem. There should be a better method of bringing professionals including physicians together.

COMMUNITY

- - there is a need to establish a strong liaison between the hospital, the community and services in the community.

- - there should be improved liaison with and utilization of community services by acute care providers.

- - more open communication should be promoted between patients, doctors, hospital staff, pastoral workers and parish lay visitors.

NON-HEALTH CARE AGENCIES

- - a group should be formed, in West Prince, comprised of professionals from education, social services and mental health; monthly meetings could be held to discuss regional concerns and case management.

INTERAGENCY (continued)

- - the Province should consider the formation of a Department to coordinate services to children.

- - as a group, there is a terrible inefficiency in the delivery of service because there is no coordinated mandate. As a result - Health, Education, Social Services, Justice find themselves dealing with issues as independent agencies.

- - a continuum of care does not exist. There are many players, all having their own priorities but none looking at the gaps between the priorities. No one thinks problems are within their mandate.

- - there must be greater awareness among the agencies of the services provided by each agency.

- - there should be a formal mechanism allowing for information exchange between professionals e.g. education and public health nurses.

INTERNAL MEDICINE

- - an ambulatory care area should be designed for short stay patients in order to better utilize beds. Internists are wasting inpatient beds for simple endoscopy procedures.

- - if a surgeon has no training in Gastroenterology and does not have the background in internal medicine, they should not be doing colonoscopies.

- - it was noted that there are non-invasive cardiology procedures which could be done at Queen Elizabeth Hospital, which are going out-of-province.

- - concern was expressed that because there is a three week wait for an endoscopy procedure on an out-patient basis, doctors admit the patient to get immediate attention.

INTERAGENCY (continued)

- - it is thought that specialty clinics in internal medicine in the smaller hospitals do not directly result in the hospital providing a heavier level of care, although some suggest it does.

DEPARTMENT OF LABORATORY MEDICINE (LAB)

STRUCTURE

- - there is an immediate need to address the role of the provincial lab with preference for authority and responsibility centralized at Queen Elizabeth Hospital.

- - a coordinating body analogous to the former Laboratory Council should be re-established. This coordinating body would ensure the establishment of standards, formal monitoring of quality control, initiation of appropriate remedial and educational action.

- - the issue of centralization versus decentralization of lab services in Prince Edward Island needs to be addressed. If centralization is the preferred structure, then improvements to communication and transportation systems will have to be made.

- - there is some confusion surrounding the reporting structure in the provincial laboratory. It is thought that the Queen Elizabeth Hospital Lab Director should not be the Provincial Director as this person cannot represent the interests of the province without having a Queen Elizabeth Hospital bias.

- - full advantage should be taken of the economic benefits of selection of cost-effective methods, instrumentation, staffing and integrated purchasing. Also there should be improvement in other forms of communication among the laboratories.

LAB (continued)

RANGE-OF-PROCEDURES

- - there is a growing interest in doing blood gases at Western Hospital. This procedure would require a Registered Lab Technician on staff.
- - if small hospitals are to continue to provide emergency services, then laboratories will have to be improved and brought into the 20th century.
- - laboratory services at Kings County Memorial Hospital must be upgraded and maintained at a provincially agreed upon standard.
- - expensive technology in a small province should not be duplicated.
- - there is an acknowledged need for some cross coverage in pathology service between Prince County Hospital and Queen Elizabeth Hospital.
- - there is conflicting information regarding the definition of basic laboratory services in community hospitals, e.g. a small hospital providing acute care should as a minimum be able to do: hematocrits, blood gases, electrolytes, potassium levels, CPKs, theophyllines. On the other hand, some think that with the excellent turn around time, an expanded range of tests is not necessary.
- - the argument that CPKs and stat amylase digoxin are lifesaving tests is sensationalized and blown out of proportion.
- - with the introduction of Fax machines, the turn around time for lab reports should be almost instantaneous. A suggestion is to computerize the labs with modems in the physician offices.

LAB (continued)

- - it was suggested that the desire to upgrade laboratory services in smaller hospitals is empire building by medical staff and as well is fueled by a desire to impress patients with technology; from a diagnostic perspective, the need is not there.
- - increases in lab testing capabilities would be a significant improvement for out-patient diagnosis.
- - Prince County Hospital lab should be able to do more testing.

HUMAN RESOURCES

- - laboratory practice on P.E.I. should be made more attractive so that a less transient medical and scientific staff could be established.
- - staff from the Queen Elizabeth Hospital laboratory should make monthly visits to the smaller hospitals.
- - it is suggested that the role of the Combined Lab/Xray Technician in a hospital setting is declining. Combined Techs feel that they do not have the technical background to respond to equipment problems.
- - if Combined Techs are eventually phased out in favor of Registered Techs, Combined Techs should be given the opportunity to become Registered Techs with the hospital as sponsor.
- - staff development opportunities for Combined Lab/Xray Techs should be increased. Currently Combined Techs share conference information through the P.E.I. Association of Medical radiation Technologists but share none with the Lab Association.
- - staff of the laboratories across the Island should meet regularly.

LAB (continued)

- - it is becoming more difficult to recruit technologists, particularly as there is no in-province training program, and only two seats per year are allocated to the Island at the Nova Scotia Institute of Technology program. This leads to difficulties in filling part-time and temporary positions.
- - most staff development opportunities at the technologist level are by correspondence.
- - lengthy turn around time for results reporting is attributed to shortages of lab technicians.

OTHER

- - the non-Queen Elizabeth Hospital component of **the activities of the central lab** should be identified and the funding of this component be separated from the Queen Elizabeth Hospital budget. A mechanism should be developed for the return of some fiscal responsibility to outside users of the lab.
- - improvements should be sought in the area of **delays in results** reporting from tests sent out-of-province.
- - timeliness of results reporting could be improved by a **provincial computer network.**
- - concern was expressed over the manner in which **specimens are transported to Queen Elizabeth Hospital**. It is thought to be a very informal, unprofessional and perhaps illegal arrangement.
- - physicians are concerned with **turn around time** for pap smears and cultures and sensitivity tests.

LAB (continued)

- - it is recommended that a program similar to **Ontario's Laboratory Proficiency Testing Program** be introduced to control the basic level of laboratory services offered in Island hospitals.
- - it is suggested that arrangements for hospital **lab services to manors** should be formalized.
- - some concern has been expressed over the **reliability of some instrumentation** being used in hospitals, e.g. the Kodak Ectachem unit. It would be better not to have the units than to base decisions on unreliable results. In smaller hospitals, physicians have to rely more on their clinical judgment.
- - the **quality of lab tests** done in smaller hospitals was raised as a concern.
- - hospitals should allow **service contracts** on large pieces of very technical equipment e.g. lab equipment. This equipment requires preventative maintenance by qualified service technicians.

LAUNDRY DEPARTMENTS

- - laundry staff should meet at least annually with provincial counterparts.
- - the Laundry Manager at Queen Elizabeth Hospital could conduct in-service sessions in smaller hospitals.
- - all hospitals feel their Laundry Departments are understaffed.

YOUR POINT OF VIEW

LEGISLATION

- - guidelines regarding confidentiality issues for A.I.D.S. victims need to be addressed.
- - the Provincial Government should examine appropriate legislation to determine changes that would include nursing practice and nursing home care as an insured service.
- - there should be a review and amendment of the Mental Health Act to have facilities now used for the treatment of alcoholics included in the regulations. This would preclude the requirement of an R.C.M.P. officer escorting alcoholics to the Queen Elizabeth Hospital psychiatric unit for certification and transport back to the Detox units in Kings and Prince counties.

LIAISON

COMMUNITY

- - it was suggested that there is a need for liaison between hospitals and the patient's home community.
- - it was recommended that an ombudsman office be established to deal with consumer complaints relating to the provincial health care system.
- - it was suggested that hospital board meetings be open to encourage dialogue with and input from the public.

OTHER

- - it was suggested that **optometry** be involved in the health care planning process by the appointment of government vision care liaison personnel.

LIAISON (continued)

- - it is recommended that the Island chapter of the **Canadian Hemophilia Society** work with health care agencies to form a centre or see that hemophiliac patients are referred to Moncton or Halifax for assessment.
- - there should be cooperation and interchange of technologies with the **Atlantic Veterinary College** and the Queen Elizabeth Hospital.
- - options should be pursued to enhance the excellent working relationship between **Hospice and hospital staff**.

LIBRARY

- - a province wide integrated hospital library system, including the concept of a circuit librarian should be developed by the Hospital Association of P.E.I. or some other central agency.
- - there should be a central resource base for the Province with each hospital having a core collection of books and journals.
- - a provincial circulation system should be devised and annual renewals of subscriptions could be centralized.
- - accreditation surveyors have noticed the absence of structured libraries in some Island hospitals.

LIFELINE

- - the Lifeline system in Prince Edward Island should be centralized for cost reasons. Presently there are five response centers across the province and only one is needed.

LICENSED NURSING ASSISTANTS (LNA'S)

ROLE

- - concern was expressed over the role of the L.N.A. in the hospital. They are no longer allowed to work in the Nursery, Operating Room, Intensive Care Unit or the Emergency Department. They cannot do chemstrips, cannot change intravenous or even sterile dressings and therefore, they are not properly utilized. How can nurses complain that they are overworked and understaffed when they have staff who are not used to their full potential.

- - the ratio of R.N.'s to L.N.A.'s should be looked at provincially by service. Discussions should take place between hospitals, nursing and the medical community over transfer of functions.

- - it would be more cost effective to ensure the L.N.A. has a definite role in providing community nursing care.

- - the L.N.A. should be given training whereby they could receive certification to perform the following procedures: taking blood glucose, administering insulin, colostomy/ ileostomy care, aerosol treatment, catheterization, administering medications in Extended Care Facilities and Nursing homes where the patients are usually stable.

- - the L.N.A. is capable of performing more procedures than they are presently allowed to do in general hospitals. There should be two levels of health care worker, B.N./R.N. and L.N.A..

LNA (continued)

- - day care centers for the elderly should be established and staffed by L.N.A.'s.

STAFF DEVELOPMENT

- - there has been very little in the past to offer L.N.A.'s in staff development. If they have a role in the acute care setting, they must not be left to stagnate, they must progress.
- - the Provincial Department of Health should undertake a complete review of the L.N.A. education program to ensure that the knowledge and skill of graduates is consistent with changing requirements.
- - hospitals should consider ways to build a career ladder for L.N.A.'s in the acute care system.

MAMMOGRAPHY

- - to promote early detection and prevention, the public must be educated to expect and demand relevant preventative tests such as mammograms and physicians encouraged to perform the tests at appropriate intervals.
- - if the province gets into a screening program of women between 40 and 70 years, four or five mammography units will be required.
- - since the waiting list for mammography is extensive, should units be located in Kings County and West Prince areas?
- - a mobile mammography unit should be considered to service the rural areas of the Province.

YOUR POINT OF VIEW

MANAGEMENT

SKILLS/TRAINING

- - it was suggested that the Canadian Hospital Association sponsored Health Services Management program should be credited towards a Masters degree in Health Services Administration.
- - the Hospital Association should work with the University of Prince Edward Island or Holland College to develop management courses that have a health services content.
- - head nurses should be better equipped with nursing management skills.
- - the Hospital Association should provide a supportive role to the seven hospitals in the areas of management and labor relations. The system needs something other than crisis management. Managers need to be equipped with the skills to deal with employee related issues before they become major problems. Managers should be proficient at doing performance appraisals, administering sick leave policies, etc. At the present, there is a reluctance on the part of managers to deal with deviant behavior.
- - managers need to be developed as managers. Promotion should not be based on seniority.

STYLE

- - hospitals need people with problem-solving skills at every level. These individuals must be able to help people understand the system and the process involved in getting their concerns to the agendas that count.
- - managers should be given more budget responsibility and financial information should be shared with them.

MANAGEMENT (continued)

- - employers must rethink their approach to employee health and safety issues. They should not resist progress being made in this area. Physical plant changes could be less costly than the long-term impact on the health of employees. Hospitals should be role models in providing a healthy and safe environment for staff.
- - management has to learn to give more, to be more flexible and less rigid; management has a tendency to be too "nit picky"
- - staff are not heard or appreciated; consequently loyalty and trust are lacking.
- - departments and individuals often feel isolated in a large organization and feel that their contributions are not valued or recognized.
- - the system should be managed in a cooperative manner. Cooperative strategies have to be built upon and maintained. Cooperation is preferred over brute force.
- - pulling nurses from some units to compensate for marginal staffing levels in other units is unacceptable. Nurses from other units cannot be expected to be proficient or confident with their skills on an unfamiliar unit.
- - concern was expressed over the management philosophy in the larger hospitals. Resources all the way down the line are not being tapped, consequently managers are frustrated.
- - it was observed that the senior managers are not planning, they are working; they are too task-oriented and use crisis management.
- - it was suggested that there are plenty of opportunities for nurses to participate and be part of the decision-making process. For example, nurses are given the opportunity to participate in committee work but often they do not respond or even recognize the opportunity. Nurses must discover how to have their say in the organization.

MANAGEMENT (continued)

- - in smaller hospitals, staff designated as department heads should receive compensation commensurate with this responsibility. No staff member should have to assume additional responsibility and be paid the same as a fellow employee.
- - some head nurses do hands-on care and this limits them in what they can do as managers.
- - head nurses on P.E.I. are really staff nurses and have very little authority and only token involvement in the financial management of the unit. Given the present situation, there is no need for the head nurse to be excluded from the union.
- - head nurses need the time to manage the unit and to plan for the nursing staff; presently they do not have the time to evaluate, plan, etc. or lend support to staff nurses. They need to be equipped with management skills through training and education. Substantive participation in management operations is required.
- - nurses are not involved in the key decisions which are made. There is a lack of input all the way up the line of command. Head nurses are told to advise their staff about new policies, but the head nurses have had no input into their development.
- - there seems to be a tendency towards more bureaucracy and more administrative-type nurses. The Director of Nursing and other nurse-administrators should occasionally wear their uniform so nurses can relate to them as a nurse.

BOARD OF TRUSTEES

- - caution is advised in proceeding with the concept of a joint Board of Trustees and joint Medical staff in West Prince. There is a lot of mistrust and physicians would be concerned about patient 'pilfering'.

MANAGEMENT (continued)

- - boards should not be involved in the day-to-day affairs of the hospital and staff should have to follow proper reporting lines and not circumvent the structures in place.

- - it was suggested that hospital services in Prince County be administered not through one hospital but through one governing body, one administrator, one medical staff. Until this is achieved, there will always be rivalries. Only this type of arrangement will erode traditional power bases.

MANAGEMENT OF LABORATORY SERVICES

- - the role of the provincial lab should be addressed.

- - it is the perception that the development of services at Prince County Hospital has been stifled by Queen Elizabeth Hospital.

- - there is some confusion about the reporting structure in the Provincial Laboratory. Do Lab Managers report to the hospital Administrator or the Provincial Lab Director? The Queen Elizabeth Hospital Lab Director should not be the Provincial Director; this person cannot represent the Provincial interests, there will always be a Queen Elizabeth Hospital bias.

MANAGEMENT OF PHYSIOTHERAPY SERVICES

- - in the late 1970's and early 1980's, a centrally managed physiotherapy service for the Province was considered desirable; however in more recent years, the smaller hospitals have progressed in structure to the point that this central administration may no longer be necessary. Physio services could be decentralized to the three counties.

- - physiotherapy arrangements between institutions must be reviewed. It is unattractive to a first year physiotherapy graduate to occupy a position which reports to three hospitals and in fact has the responsibilities of a department head in each hospital.

MANAGEMENT (continued)

- - physio services should not be managed by Queen Elizabeth Hospital.
- - physiotherapy should be decentralized. At present, physiotherapists seem to be reporting to many masters with divided loyalties. A liaison with Queen Elizabeth Hospital should be maintained for professional development.

MEDEVAC

- - the system should cover the cost of a physician accompanying a patient to another hospital. Presently, the Hospital Health Services Commission pays while the physician is with the patient, however they do not pay a physician for return time. What happens if the chopper can not wait for the physician while he/she transfers the patient to the hospital, who would be responsible for the return trip?
- - it is believed that the medevac service is abused, would it not be cheaper to transfer patients by ambulance to out-of-province hospitals?
- - the coordination of medical air transports requires clear communications, with a full disclosure of pertinent information on the patients condition from the transferring hospital. Frequently what the Medevac think they are getting and what they actually receive are two different things, e.g. they may think they are getting a head injury but they actually transport a multiple trauma patient with a head injury.
- - it was suggested that the Canadian Forces Base provide each hospital with a supply of their in-house 'Aeromedical Evacuation Mission Reports'. This form could be completed by phone when the request for air transport is made.
- - there is a concern that the Victoria General Hospital objects to sending their transport team to meet Medevac aircraft in Halifax.

MEDEVAC (continued)

- - a video tape is available from the Canadian Forces Base on the Medevac service that could be used by the hospitals for in-service and orientation of the new staff. It was suggested that the Medevac team with the aircraft visit each hospital and introduce the video.
- - after dark, the R.C.M.P. should always mark the landing site with red flares unless it is a properly designed and constructed helipad associated with the hospital. The unlit hospital pads should be properly marked with flares.

MEDICAL RECORDS DEPARTMENTS

STANDARDS

- - confidentiality of the patients chart is a major concern of Health Records Technicians. All staff should have to sign confidentiality forms regardless of what unions might think.
- - record retention and storage has been a problem for many Medical Records Departments; it has been suggested that microfilming would be more convenient.
- - the Provincial Health Records Committee should review relevant legislation, allowing present standards to be further developed.
- - the Hospital and Health Services Commission should take the initiative to standardize policies provincially in Medical Records, e.g. retention, release of information, etc. Concern was expressed over what kind of information and how much should be made available to outside agencies such as, Workers Compensation Board, insurance agencies, etc.

MEDICAL RECORDS (continued)

- - Medical Record staff from across the province should be meeting monthly to establish standards.

ALTERNATE METHODS

- - should Medical Records Department and Admitting Departments be combined in the smaller community hospitals?
- - the seven hospitals should be on Health Medical Records Information (H.M.R.I.) or else develop a provincial system using discharge data.

PHYSICIAN INVOLVEMENT

- - incomplete charts provide a major problem for Medical Record Departments as they get behind in their billing and they can not be submitted until the physician provides a discharge diagnosis.
- - is there a role for the Medical Society to play in promoting timely records?

STAFF DEVELOPMENT

- - the Medical Records staff should be exposed to the latest developments in the field of medical records, e.g. computerization.
- - regular users of the charts should be enrolled in inservice sessions periodically on Medical Records guidelines and legal issues.
- - there should be more opportunity for staff development in the medical record field.

MEDICAL RECORDS (continued)

- - the smaller hospitals are now relying on Health Record Technicians trained through a Canadian Hospital Association correspondence course. This program, while good when supervised by trained staff, has produced inconsistent coders. Medical Record staff could benefit from short courses on coding. Statistics Canada offers a course annually on ICD-9.

- - Medical Records staff need more exposure to computer technology.

STAFFING

- - concern was expressed over the quality of the medical secretary's course at Holland College. As an example, students do not get exposure to the Compendium of Pharmaceuticals and Specialties and/or medical terminology in general.

- - high school students should be made aware of careers in health records.

- - the data received by the two larger hospitals from Health Medical Records Information (H.M.R.I.) is good information but it is not used to it's full potential. The Medical Records Department needs resources just to analyze H.M.R.I. data and to make it meaningful to managers in the system.

COVERAGE

- - the Admitting Department at the Queen Elizabeth Hospital would like to have Medical Records open 24 hours a day. Most hospitals the size of the Queen Elizabeth Hospital have 24 hour Medical Record coverage.

UNMET NEEDS

- - the Prince County Hospital requires a Central Patient Index and Admission Discharge and Transfer system.

MEDICAL RECORDS (continued)

OTHER

- - Some Medical Records Departments provide monthly reports to the medical staff, but very seldom is the Health Records Technician asked to attend a portion of the **medical staff meetings** to discuss concerns or to explain an audit/report.
- - it has been suggested that the Medical Records Department should have input into the **development of all forms** which eventually are filed in patients charts.
- - there is a lot of **duplication** in the collection of information, e.g. Medical Records has a lot of information that Nursing Units are compiling.

MENTAL HEALTH

UNMET NEEDS

- - more counselling is required in the area of mental health for Lennox Island residents.
- - Community Mental Health is providing a valuable service but this will not affect the needs for increased institutional acute services for patients with a psychiatric illness.
- - there is a need to expand facilities in the pediatric units to meet the increasing needs of the adolescent youth with severe emotional/behavioral problems.
- - Level 3 Group Homes should be established in the Province to provide structure and a therapeutic environment for those adolescents unable to cope with home and/or school environments.
- - smaller community hospitals often state that they are poorly equipped and inadequately staffed to respond to the mental needs of the patients.

MENTAL HEALTH (continued)

- - mental health counselling in the West Prince area is inadequate.
- - there is a need for a mental health component in the Home Care Program; Community Mental Health can not meet the needs at home, their services are office based.
- - there is a need for community group and boarding homes for troubled adolescents and disturbed teenagers in the Sumnmerside area.

COORDINATION

- - Unit 9 at the Queen Elizabeth Hospital and Community Mental Health have experienced communication problems in the past, due in part to their heavy workloads and not having the time to properly follow through on many issues.
- - concern was expressed that discharges from Unit 9 at Queen Elizabeth Hospital may not even be referred to Community Mental Health for follow-up.
- - Community Mental Health needs more contact with other health professionals, e.g. nurses, physicians, etc. This contact should be formalized to include hospital rounds, etc.
- - the West Prince area expressed a need for a group of professionals from education, social services and mental health who would meet on a monthly basis to discuss regional concerns and case management.
- - a continuum in health care does not exist although interagency meetings are held in Summerside with participation from the police, social workers, psychiatrists, etc. There is a lot of 'ball passing', no one thinks the problems are within their mandate.

MENTAL HEALTH (continued)

STAFFING

- - smaller hospitals may want to consider a Master of Social Work candidate who has an interest in mental health, and is good at clinical assessments and diagnosis. Such a person could be the mental health worker in the hospital but also the social worker responsible for counselling, discharge planning, etc.

LEVEL OF CARE

- - hospital services in the area of mental health are not evenly distributed according to the age groupings of the general population.

- - smaller community hospitals frequently care for active suicidal and psychotic patients. Some nursing staff strongly feel these patients should not be cared for locally, given the hospital's lack of resources and expertise in this area. It is not equipped for this type of patient. It is estimated that 30-50% of inpatients have mental health needs either as their primary or secondary diagnosis.

- - there are patients who should be 'committed' to Unit 9 at the Queen Elizabeth Hospital but are not due to the cumbersome process.

- - it is believed that the psychiatric unit at the Prince County Hospital only provides a 'rest' for the patients; there is no real psychiatric program.

PHYSICIAN INVOLVEMENT

- - concern was expressed that mental health services require a referral from a physician even though the nurse who is in much closer contact with the patient may have a greater sense of the patients requiring this service.

- - many Island physicians seldom refer their patients to Community Mental Health.

MENTAL HEALTH (continued)

- - the general practitioners at Prince County Hospital provide a day pass to their patients without any prior discussion with those involved in the case e.g. mental health worker or psychiatrist.

COVERAGE

- - psychiatry coverage is grossly inadequate in Prince Edward Island. Unit 9 at the Queen Elizabeth Hospital can only be accessed under pressure, after a half dozen phone calls.
- - although Unit 9 at the Queen Elizabeth Hospital does not have enough beds, if a bed is really needed it may be made available by transferring a less acute patient out of Unit 9 to a medical unit.
- - concern was expressed over the adequacy of mental health services in King's County.
- - the mental and social impact of the closure of the Canadian Forces Base in the Summerside area in particular, will heavily tax this network over the next five years.

OTHER

- - an admission to Unit 9 at the Queen Elizabeth Hospital has a **psychological impact** itself on the patient. Treatment in a local hospital is less intrusive with fewer interventions resulting in shorter lengths of stay. It is believed that patients in Unit 9 develop **unnecessary dependencies** and that treatment in local hospitals if at all possible is by far the preferred approach.
- - **Community Mental Health** has very little knowledge about the caseload at the Prince County Hospital.
- - the system needs to offer **more flexible supports**, the less programming the better. There is a need for as much normalization as possible; not structured therapeutic day programs.

MENTAL HEALTH (continued)

- - there is a concern that the Community Mental Health program is an **office based program** which does not provide home services in the community.

MENTAL RETARDATION

- - individuals and families should have access to support services to attain the goal of ensuring that the intellectually impaired are a part of the community.
- - hospitals must recognize that the needs for information support and security are the same as and equally important for the intellectually impaired as the rest of society, when ill or in need of hospital services.
- - hospitals need to develop appropriate resources in conjunction with the Association of Community Living to assist parents who have just been informed that their child is handicapped.
- - there is a high incidence of mental retardation and an unusually high rate of morbidity in West Prince. Fredrick's Ataxia is also common in this area, one study has stated that West Prince had the highest rate of mental retardation in Canada.
- - there is a need for a 'special home' for the mentally retarded adolescents in Prince Edward Island.

MIDWIFERY

- - it has been suggested that midwifery should be practiced in Prince Edward Island; however, it would be hard to imagine that midwives would replace general practitioners in obstetrics. The move towards natural childbirth seems to have evaporated; the interest is not there like it was, resulting in the Birthing Room at the Queen Elizabeth Hospital being seldom used.

MANAGEMENT INFORMATION SYSTEMS (MIS)

UNMET NEEDS

- - Admission/Discharge/Transfer systems should be computerized at the larger hospitals.
- - the computerization of Pharmacy Departments is needed to better manage the pharmacy and to assist clinically, e.g. drug interactions and drug information.
- - there is a need for a provincial computer network.
- - Management Information System should be a priority for the system. At the Queen Elizabeth Hospital, there may be a need to establish a separate data processing department and to hire a systems analyst. Currently, the Queen Elizabeth Hospital Finance Department is trying to cover all bases.
- - there is a growing need to regulate the use and/or abuse of prescription drugs through the computerization of prescriptions.
- - presently, there are next to no controls on inventory in some of the Island hospitals.

MIS (continued)

- - the hospitals should have a computerized patient information system.

HOSPITAL AND HEALTH SERVICES COMMISSION

- - what is the Commission doing with all the statistics they receive from the hospitals?

- - concern was expressed with the Commission's registration system; there is no way to update it. There should be a province-wide network which can be updated regularly.

- - there should be standard reporting of statistics to the Hospital and Health Services Commission from the seven hospitals.

- - it has been stated that the Hospital and Health Services Commission should be responsible for monitoring utilization, 'he who pays the fiddler should call the tune'.

PHYSICIAN INVOLVEMENT

- - physicians must become more involved in the management of resources and accept greater fiscal responsibility. They should be more active in the budget process.

OTHER

- - presently there is a lot of **duplication** in the collection of information e.g. medical records has a lot of information that nursing is compiling.

- - a greater emphasis must be placed on **managing utilization of the system**. This will require better information systems and better in-house communication systems to transmit information as quickly as possible.

- - timeliness of **laboratory results** reporting could be improved by a provincial computer network.

MIS (continued)

- - concern was expressed over the **inconsistencies** in record keeping across the Province.
- - is has been recommended that **computers** be used to provide more efficient access in such areas as pharmacy, dietary and clerical sections.
- - there must be an accelerated program of computerization to **improve reporting and recording** of data with a high level of standardization leading to appropriate analysis for management and planning purposes.
- - presently it is difficult to get nurses to record items taken out of stock resulting in **poor stock controls**. Until this problem is addressed, computerization would be of little value.
- - the seven Island hospitals should be on **H.M.R.I.** or else develop a provincial system using discharge data.

NEUROLOGY

- - if there was a neurologist in the province, neurology consults would increase. The inconvenience of an out-of-province service results in less demand and practitioners content themselves with other alternatives, which may be more time consuming and expensive in the long run.
- - specialties such as neurosurgery require excellent support e.g. lab facilities.
- - it is recommended that there be better neurological services through: increased visits by a pediatric neurologist, adult neurologist or residential neurologist and a clinic dealing with neurological disorders.

NEUROLOGY (continued)

- - it is the perception that the most common out-of-province referrals are for neurology services and to the coronary angiography unit in Halifax.
- - the absence of a neurologist in the hospital system causes inconvenience to many people.
- - Islanders with Multiple Sclerosis feel it a necessity to have a practicing neurologist on P.E.I.

NURSING

ROLE

- - nurses are more sensitive to symptoms while doctors are occupied with disease treatment. This is a nursing strength.
- - government should examine appropriate legislation to determine changes that would include nursing practice and nursing home care as insured services.
- - the nursing profession should be actively involved with the planning and implementation of future changes in the health care system.
- - the Government of P.E.I. in collaboration with health care professionals should utilize the data from the Souris Hospital Role Study toward the concept of primary health care and the role of nurses.

YOUR POINT OF VIEW

NURSING (continued)

- - the Provincial Government should alter the allocation of financial resources to reflect a gradually increasing priority for prevention and health promotion programs and services provided by nurses, while managing a steady decline of patients within acute care agencies.

- - nurses functioning in broader health-oriented roles should assume much of the responsibility for primary prevention and health promotion within the community.

- - there is a perception that nurses are assigned menial tasks just because they are a constant presence in a hospital.

- - nurses wonder whether they have a distinctive role or are they 'catch-all' handmaidens? They see other health professionals being able to walk away from their responsibilities expecting the nurse to carry on since the nurse covers all shifts.

- - there are disparities between the public's expectation of the nurse's role and realities of the role. Patients become very dependent upon nurses to do personal tasks that the patient is quite capable of performing. Nurses are employed to provide care that assists in the curing process and the activities that contribute to curing must be the priority. Nursing time must be spent on more meaningful activities.

- - nurses have difficulty coping with public expectations. Public are more informed and ask more questions. Some want to read the patient chart and often do not respect hospital policy.

- - nurses perceive that they are not asked to contribute to discussions on issues and when they are, no one is listening.

- - L.N.A.'s have difficulty sympathizing with nurses complaints that they are overworked and understaffed when L.N.A.'s are not being used to their full potential.

NURSING (continued)

- - the impact of Nursings' Entry to Practice has not been given due consideration. The ratio of R.N.'s to L.N.A.'s should be examined provincially by service. Discussions should take place between hospitals, nursing and the medical community regarding transfer of functions.
- - nurses have a broader perspective and an orientation to health promotion.
- - staff nurses often cannot attend committee meetings due to workload.
- - regarding Health Promotion, nurses providing this service is less costly to the system than physicians providing the service.
- - some general practitioners are fearful of being displaced by nurses and specialists; however the nursing profession itself is very confused about its future. Nurses will probably be organized by specialty.
- - it is the perception that there are plenty of opportunities for nurses to participate and be part of the decision-making process. Usually committees exist and nurses are given the opportunity to participate, often they do not recognize the opportunity. Nurses must discover how to have their input.
- - it was observed that nurses are doing less in handling of food, etc. and this has an impact on dietary staff.
- - small hospitals should have on staff a Social Worker and a Mental Health Worker, since it is the perception that nurses can be poor listeners and a bit judgmental with patients.
- - consideration should be given to the development of a nurse coordinated community based health system, utilizing many professions with emphasis on health promotion.

NURSING (continued)

- - the comprehensive range of skills for which B.N. nurses are trained are under utilized.
- - there is conflicting information regarding the decision-making opportunities available to nurses and the amount of input they have. Some nurses complain that they have more opportunities for input than they really want; they are being asked to sit on too many committees.
- - it is the perception that because nurses are overworked, the patients' need to be kept informed and instructed are not being met. Predischarge teaching of patients is a major unmet need.
- - hospital nurses could benefit from a rotation arrangement where periodically they would get exposure to Home Care and Support and Public Health. This would provide nurses with a broader perspective.
- - hospital nurses need more exposure in the community. They should demonstrate initiative by playing a greater role in education both in the hospital and in the community.
- - hospital nurses and public health nurses could work together to accomplish more in the community.
- - it is thought that getting hotpacks for patients and giving respiratory treatments to in-patients are non-nursing duties.
- - physicians and nurses should strive to be partners in care, not rivals.
- - policing the hospital smoking policy is an extra stress for nurses. It is not a priority to wheel patients to the smoking area.

NURSING (continued)

- nurses should have more input into decision-making, but there has to be limits to this, everyone's opinion cannot be solicited on every issue. Some must be leaders and others followers.

- concern was expressed that often the housekeeping staff are pressed for time and are feeling considerable pressure to complete their work while nurses standby chatting. If nurses have some idle time on occasion, why couldn't they assist in making beds?

- nurses want to do what the general practitioner is supposed to be doing. The traditional role of the general practitioner must be maintained.

ROLE OF HEAD NURSE

- head nurses need the time to manage the unit and plan for the staff. Someone outside nursing should have the responsibility to identify equipment needs, e.g. chairs, cubicle curtains, intravenous poles, etc.

- head nurses should be better equipped/trained with management skills.

- head nurses should be responsible for the operations of the nursing unit including the budget. Substantive participation in management operations is required.

- it was observed that head nurses are not controlling resources and give very little thought to efficiencies. They do not seem to have time to think things through as managers should. Management in the hospital should be decentralized and head nurses should be managers with actual control.

- the roles of the head nurse and assistant head nurse are being re-defined and eventually they will be managers who are not so task oriented.

NURSING (continued)

- - some head nurses are hands-on care and this limits them in what they can do as managers.
- - the head nurse should not be the only one who can discuss the patient's care with the physician. All graduate nurses should have input into patient care plans and contact with doctors. The head nurse should make a greater effort to involve staff and solicit their input.
- - it is the perception that head nurses in Prince Edward Island are really staff nurses and have very little authority and only token involvement in the financial management of the unit. There is no need for the head nurse to be excluded from the union.

STAFF DEVELOPMENT

- - there should be a provincial library of staff training, video tapes developed specifically for the small hospital.
- - the Association of Nurses of P.E.I. should develop a resource library for its members.
- - nurses require continual upgrading to keep abreast of new technologies.
- - the baccalaureate program in nursing at U.P.E.I. should provide for post-basic education for nurses within five years of its establishment to assist Island nurses in the acquisition of this additional preparation.
- - the Provincial Government should continue to support the proposed baccalaureate in nursing program at U.P.E.I.
- - nursing education on P.E.I. should continue to emphasize the skills required to care for the ill and increase the provision of skills for health promotion.

NURSING (continued)

- - the G.R.A.S.P. system of workload measurement does not take into account time allocated for staff development.
- - with limited resources available for staff development, staff have to be carefully screened and selected for conferences; motivated staff who will return to the unit and provide an update to other staff are selected.
- - nurses are bitter that government does not see the value in 'investing' in staff.
- - the post-diploma nurse needs an accessible education path to acquire the entry level requirements for the year 2000. The university program must maintain a balance between theory and practice. Degree nurses must be able to apply knowledge and skills.
- - replacing staff for short in-service sessions is not practical. Full days should be allocated and include several short topics. In this way, it would be worthwhile to replace staff who are away from the unit.
- - funding has been requested for the establishment of a nursing lab where new procedures can be simulated.
- - the issue of paid education days and employer/employee responsibility for professional development is of concern across the country.
- - staff development should be a shared responsibility between employer and employee.
- - staff are reasonable about sharing in the costs of staff developments.
- - the concept of unit instructors should be considered as a method of decentralizing staff development.

NURSING (continued)

- - there is not much available in education for pediatric nurses.
- - staff want compensation for attending staff development sessions on their day off.
- - the Association of Nurses of P.E.I. and the P.E.I. Nurses Union should each offer one scholarship per year for nursing education.
- - it is difficult to motivate staff to attend staff development sessions; staff are reluctant to attend on their day off with no remuneration or compensating day off ; one-hour sessions are more difficult to attend since staff are not replaced; 12 hour shifts are a deterrent to attendance at inservice sessions.
- - the majority of older nurses who are willing to invest time in continuing education would prefer to take special courses directly related to their work.
- - Advanced Cardiac Life Support (A.C.L.S.) training can be very stressful; some nurses are learning skills that ordinarily they would not be using. There may be some benefit in those nurses attending the A.C.L.S. sessions as observers.
- - updated literature should be available and easily accessible to staff.
- - there is a need to improve the career advancement structure and development opportunities to make nursing employment on P.E.I. an attractive long-term commitment.
- - some unit orientation programs are inadequate. For example, it was questioned whether two day shifts and an evening shift in the emergency department would give a nurse sufficient exposure to feel comfortable.
- - it was noted that it is good for staff to get to out-of-province conferences to appreciate their own province.

NURSING (continued)

- - hospitals are lagging behind industry in assisting employees to participate in opportunities for continuing education.

- - consideration should be given to establishing a Clinical Nurse Specialist position at Prince County Hospital. With techniques becoming more invasive and the care more complex and aggressive, a Clinical Nurse Specialist may be a more appropriate method of teaching. This person could also relieve some of the pressure on Staff Development staff.

- - if staff attend a session on their day off, at least travel costs should be reimbursed by the hospital.

- - most staff development programs target the R.N., the L.N.A. needs more in this area. There are very few opportunities for the male L.N.A.

- - the equitable distribution within nursing of staff development funding should be addressed.

- - there should be in-province opportunities for staff to take health management courses through university or community college. The Canadian Hospital Association-sponsored Nursing Unit Administration is not a credit course and is only available to staff presently in a management position.

- - shorter(week long) courses which are skill specific generate more interest than courses toward a degree.

- - there should be more updates on medical conditions being treated at a particular hospital.

YOUR POINT OF VIEW

NURSING (continued)

- - nurses need training in leadership skills. The basic principles of leadership can be applied to nursing.

- - if a staff development session is mandatory, the hospital should pay any costs associated with attendance at the session. As well, staff should be replaced on the nursing unit. Staff have a professional responsibility to attend in-service sessions conducted in-house.

- - it would be a very positive move by the employer to provide paid education days.

- - it was suggested that Island obstetricians and pediatricians could offer more in the way of in-service sessions for staff.

- - there should be incentives in the system to nurture professional growth.

WORKING CONDITIONS

- - caring for both acute and chronic patients simultaneously is stressful.

- - visitors cause interruptions to the work routine and answering their questions is time consuming.

- - nurses want master rotations for work schedules.

- - job satisfaction includes factors such as: dealing with public expectations, visitor non-compliance with visiting hours, proliferation of paperwork, increasing number of professionals on the health care team.

- - security of the physical plant is of concern to nursing staff in all hospitals, particularly in Emergency Departments.

YOUR POINT OF VIEW

NURSING (continued)

- - nursing workload is heavy, staff are not replaced when off sick and it seems that the system is nickeled and dimed to death.
- - night shifts seem to be a growing problem for nurses.
- - a concern was expressed that nurses working the night shift are not served a meal.
- - nurses should be compared to teachers in the areas of: salary, benefits, education days, vacation days.

RECOGNITION

- - nurses in acute care settings should be provided with improved working conditions, increased roles in decision-making, improved access to continuing education, and recognition for educational achievements.
- - nurses must feel good about themselves, their profession and their contribution to the system.
- - the issue of recognition is of major concern to nurses and is closely related to their professional role.
- - nurses are not respected by all doctors.
- - nurses are underpaid and this is tied to the recognition problem.
- - nurses are overworked and never thanked. Staff appreciation are phony. Staff should be recognized in other ways besides the Annual Report. Senior management should try on a uniform occasionally.

YOUR POINT OF VIEW

NURSING (continued)

• - management should recognize the changing domestic structures and show some flexibility when it comes to staff members trying to honor family commitments.

• - nurses should be recognized for the qualities and skills they have.

• - nurses are not respected or recognized as professionals, e.g. if a doctor makes a request for something major, he usually gets it. If a nurse suggests an improvement that would cost very little, there is no response.

COMMUNICATION

• - head nurses from the larger hospitals should be required to spend time in small hospital settings, particularly head nurses on units frequently receiving patients from and transferring patients back to the small hospitals.

• - nursing units do not communicate with each other in an open manner and do not work together.

• - there should be more communications among departments and a greater understanding of the role of each department.

STAFF SUPPORT

• - supervisors and other staff should be able to sense burnout in other employees and take remedial action.

DEGREE VS. DIPLOMA

• - degree nurses who have been trained at off-Island universities have many qualities like writing skills, etc., but they do not have the commitment to the hospital like the former graduates of the School of Nursing.

NURSING (continued)

- - degree nurses have deficits in actual procedural situational matters probably because they lack the practical experience. Diploma nurses who get their degree are excellent.
- - degree nurses are better equipped to communicate with the public. Nurses need the theory, not just the knowledge of 'how to pass pills'. There is conflict between diploma and degree nurses. The diploma nurses who are greater in number are making the degree nurses defer to them.
- - diploma nurses are threatened by developments in the nursing profession. A lot of their frustrations are being taken out on administration as the source of their many problems.
- - with the advent of degree trained nurses, who will be left to do the 'dirty' work? Will university graduates find bedside nursing and all it entails an appealing career? Will the shortage of nurses become worse as diploma programs are discontinued? Has anyone objectively studied the real impact of the degree nurse as the entry level nurse?
- - it is difficult for post-basic nurses to access degree programs in terms of dollars and time. The challenge will be to make the programs more accessible for nurses with families and full-time jobs.
- - specific training needs identified in nursing: palliative care; alcoholism/addictions; Advanced Cardiac Life Support; Advanced Trauma Life Support; more exposure to Home Care concept; group counselling; and psychotherapy.

OTHER

- - nurses do not get the **decision-making positions** when they become available.
- - staff nurses never see **senior administration staff**. They (administration) should be around more and listen more.

NURSING (continued)

- - nursing staff are envious of the fact that **instructors of the School of Nursing** can get sabbaticals with 75% salary.
- - women have more **career options** than in the past, options which are more attractive with better salary and less stress than nursing.
- - it is perceived that nurses are very careless in their handling of **hospital property and equipment**.
- - primary nursing would ensure greater continuity in the **Intensive Care Unit.**
- - it was suggested that a surgery unit would be a good location for **a pilot project on primary care nursing**.
- - it was noted that well **qualified degree nurses** are leaving the Island or leaving hospitals because occasional work as a casual nurse is not satisfactory.

NUTRITION

DEMAND

- - it was noted that the waiting list to see nutritionists is too long, approximately two months for out-patient services.
- - school cafeterias should have input from a dietitian in light of significant caseloads of adolescents with eating disorders.

NUTRITION (continued)

- - an increase in resources is needed as the demand for out-patient nutrition services grows, particularly in areas of special needs e.g. cardiovascular disease and cancer management.

- - additional resources are needed to teach nutrition and food management skills to low income families; to increase the availability of services in rural areas and to provide health promotion programs with a nutritional component.

- - West Prince has the lowest percentage on P.E.I. of breast-feeding mothers, consequently there is a need to support the formation of a Laleche league in the West Prince area.

- - the absence of a nutritionist in schools both in food preparation and for input into curriculum is seen as a gap.

- - there is very little nutritional teaching/education for the 25-34 year age group.

COORDINATION

- - it was suggested that Queen Elizabeth Hospital in concert with Prince County Hospital should facilitate meetings for Food Service Supervisors and dietitians on an ongoing basis.

- - there is a need for a Provincial coordinator for hospital nutrition services. This should be a nutritionist and not a nurse. This position would be responsible for getting nutritionists together regularly. Monthly meetings could consist of literature reviews, case studies, guest speakers, updates, etc.

- - Food Service Supervisors should meet regularly as a group for information sharing, staff development, etc.

NUTRITION (continued)

- - periodically, Food Service Supervisors and nutritionists should meet for an exchange of information. A coordinating position at Hospital and Health Services Commission should also be responsible for staff development of all dietary staff.

- - nutrition services should be coordinated to provide effective communication between health care professionals involved in treatment of illness using dietary therapy.

- - a consultant at Hospital and Health Services Commission similar to the previous arrangement at the Commission is needed. This person should act as a resource particularly for professionals in outlying regions and could assist in establishing parameters and priorities for service. Hospital nutritionists do not need a high degree of supervision.

- - there are many advantages to a shared position within the same community between a hospital and the Department of Health and Social Services. The nutritionist then has access to both charts and gets to know families and other community supports.

- - the responsibility for coordination should rest with the Hospital and Health Services Commission and not with one of the larger hospitals. From time to time, their desire to assist smaller hospitals comes across as patronizing. Larger hospitals believe their position is right and best and others are expected to adjust. Larger hospitals have very little appreciation of the issues and concerns associated with nutrition services in the smaller hospitals.

- - it is recommended that a position be created at Hospital and Health Services Commission for a coordinator of Dietetic Services for Island hospitals.

- - it is recommended that the Nutrition Coordinator position with the Department of Health and Social Services be maintained; in addition a new position of Provincial Nutrition Coordinator should be created at the Hospital and Health Services Commission.

YOUR POINT OF VIEW

NUTRITION (continued)

ROLE OF NUTRITIONIST/DIETITIAN

- - nutritionists in community hospitals, find that the bulk of their time is spent in clinical duties, with little time left for supervisory responsibilities.
- - concern was expressed by dietary staff in smaller hospitals that the nutritionist who has the expertise has no time for information sharing with staff. The priority for nutritionists is out-patient treatment, while in-patients and staff have very little priority.
- - it has been suggested that there is an opportunity for the Home Economist to offer expertise in the area of public education, e.g. teaching good nutrition in schools, to community groups, etc.
- - nutritional services are in great demand particularly with the greater awareness of cholesterol levels.
- - the administrative and clinical roles of a nutritionist cannot be combined, one area has to suffer. The clinical role is becoming very specialized. The administrative role should be the responsibility of the Food Service Supervisor.
- - a dietitian should be head of food service to ensure the clinical dietary needs of in-patients are being met. This involves a broad spectrum of Food Service management.

ROLE OF FOOD SERVICE SUPERVISOR

- - Home Economists are better prepared than a supervisor trained by correspondence, even given that the Canadian Hospital Association sponsored course has been extended to a two year program.
- - community hospitals probably do not require a full time dietitian.

YOUR POINT OF VIEW

NUTRITION (continued)

- - concern was expressed that Food Service Supervisors have very little time for supervisory duties.

- - a Food Service Supervisor could be the department head in a community hospital and consult with the dietitian on major policy changes.

- - there is uncertainty over the role of the Home Economist in food services. Should they have a role in food service management? Should it be the Dietitian? or Should it be the Food Services Supervisor?

HOSPITAL ROLE

- - Meals on Wheels should be provided by community hospitals under direction of a dietitian.

- - dietetic service is preventive in nature and not very visible, consequently public and hospital boards tend to be interested in crisis intervention care and do not necessarily think of this service as a key one.

- - hospital nutritionists in smaller hospitals, have insufficient time to meet with patients to do in depth assessments and counselling.

- - the small hospital nutritionist has no time for community work, nor for providing support for community care facilities.

- - dietitians in the system have no time to get involved in public education or normal prevention strategies. They only have time for problems.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

- - increased nutritional resources are needed in order to meet increased needs of Home Care and Support.

YOUR POINT OF VIEW

NUTRITION (continued)

- - the Department of Health and Social Services, Nutrition Services, need to expand to meet the Home Care and Support demands.
- - seniors are asking for home visits as are the terminally ill. At the present time such requests are directed to the Department of Health and Social Services but these referrals are not their priorities.
- - the nutrition component of Home Care is lacking.
- - manors should be able to access the services of a nutritionist whenever needed. Preferably the nutritionist should be community based and have some knowledge of the residents.
- - it was noted that Home Care and Support needs a traveling nutritionist.
- - more input is required in manors regarding menus, recipes,special diets, and standards.
- - it is recommended that Home Care and Support in region one employ a Nutritionist/ Dietitian on a part time basis. This position could be shared with the Community Hospital or perhaps be shared with Summerside Home Care and Support.

STAFF DEVELOPMENT

- - there is next to nothing for dietary staff in the line of staff development.
- - should cooks have more training?
- - it was noted that dietary staff in smaller hospitals are 'starving' for additional information and new ideas. Could the Culinary Institute be a resource?

YOUR POINT OF VIEW

NUTRITION (continued)

- - there are very few workshops available for dietary staff. It is difficult to attend the half hour sessions held during the day because of meal preparation.

HEALTH PROMOTION

- - there is a need to promote accurate nutrition information for the public and combat existing misinformation.

- - high risk pregnant women and infants are the focus of the Department of Health and Social Services nutrition program. This narrow focus has been very effective, an example of how effective prevention can be. P.E.I. has the lowest rate of low birth weights in Canada.

OTHER

- - is there an **innovative incentive to motivate people to comply with diets?**

- - dietitians in smaller hospitals could do more comprehensive reporting if there was **more clerical help.**

- - the present **Dietetic Internship Program at the Queen Elizabeth Hospital** should be expanded or at least continued at its present level.

- - it is recommended that a **Lactation Consultant** be employed for P.E.I. to educate professionals, promote public awareness and increase support of breast feeding groups.

- - other than the Diabetes Education Center, there does not seem to be **specialized fields in nutrition** on P.E.I.

NUTRITION (continued)

- - in the past, the Diabetes Education Center scheduled sessions in **Alberton, however the patients did not attend**, thus the sessions were discontinued. It was suggested that both physicians and nurses have to be involved. The 'no shows' were probably a result of poor communications.

- - frustration was expressed over Charlottetown physicians failing to make a **proper referral to the local nutritionist.** If they want their patient to see a nutritionist, they should take the time to write a referral, rather than leaving it to patient initiative.

- - concern was expressed over the **inconsistencies in record keeping** across the province regarding nutrition services. Each hospital is calculating meal days differently, Out-Patient Department visits to the nutritionist are recorded differently; in-patient consults have to be defined for the seven hospitals and better records kept. How can there be proper planning if the information base is soft? The hospitals have to get together and work out these issues if there is going to be uniformity.

- - it was observed that nurses are doing less and less in handling food, water, etc. and this impacts on **dietary staff workload.**

- - it was noted that an **increasing number of special dietary requests** are being made for a patient with eating disorders, etc. These special requests are more time consuming and staffing is never adjusted to reflect increased workload. Staff are expected to absorb more and more to the point of burnout.

- - **nutrition consults** should not have to be ordered by a physician. A nurse should be able to ask the nutritionist to see a patient.

- - it is questioned whether or not **shared positions between the hospital and the community** are effective.

- - there is concern about the **lack of standards regarding feeding and food nutrition services** in variety of government funded facilities.

YOUR POINT OF VIEW

OBSTETRICS

GENERAL PRACTITIONER'S ROLE

- - a concern was raised that there is no backup/assistance for general practitioners in obstetrics therefore many general practitioners have dropped this component of their practice.
- - since the institution of medicare, patients are inclined to utilize the services of specialists as opposed to general practitioners.
- - there is a perception that obstetricians are readily accessible therefore obstetrics should not be the general practitioner's role.
- - lifestyle preferences of individual physicians has been identified as a major factor in the decline of general practitioners practicing obstetrics.
- - it has been suggested that pregnant mothers delivering in rural hospitals should be told in advance that the general practitioner on call, after normal hours, will deliver the baby.
- - some general practitioners resent being questioned by the nursing staff in obstetrics with regard to the treatment of patients. Nursing staff on one side and obstetricians on the other are questioning the role of general practitioners in obstetrics.

UTILIZATION

- - the growth in the utilization of non-stress tests in obstetrics is generating a great deal of work at Queen Elizabeth Hospital. Physicians have stated they would like these tests to become routine in the future.
- - community hospitals could manage with fewer obstetrical beds.

OBSTETRICS (continued)

- - there are conflicting views on whether teen-age pregnancies are increasing or decreasing.

LEVEL OF CARE

- - there are conflicting views as to whether inductions should be done in consultation with an obstetrician. It has been stated that inductions should not be performed in the smaller community hospitals.
- - there is concern that some rural physicians are treating obstetrical cases that exceed the acceptable Risk Score. It is believed all high risk pregnancies should be referred/transferred to the Queen Elizabeth Hospital or Prince County Hospital.
- - there is concern that hospitals are 'mothering mothers' and perhaps mothers could be discharged earlier.
- - it has been stated that well screened low risk obstetrics should be provided in all hospitals.
- - concern has been expressed with small community hospitals delivering 'first' babies.

STAFF DEVELOPMENT

- - some obstetrical staff believe improvements to staff development programs should include; more use of videos and recruitment of resources to the Island.
- - it has been suggested that Island Obstetricians and Pediatricians could offer more in the way of in-service sessions for other hospital staff.
- - staff must attend in-service sessions on their days off.

OBSTETRICS (continued)

NUTRITION

- - it is believed that more progress should be made in the area of breast feeding.
- - some physicians have expressed concern with 'overeating mothers' and big babies. The problem is not low birth weight babies, the problem is 'big babies' thus causing unnecessary cesarean sections and asphyxiation.

DISCHARGE PLANNING

- - is it conservative to think that babies must be 2500 grams before returning to home?
- - it has been suggested that Home Care and Support and Public Health Nursing could play a larger role in post natal care in the home.
- - many physicians have raised concerns over the practice of obstetrics in smaller community hospitals.
- - mother and infant hospital lengths of stay could be shorter if Public Health Nursing took a more active role in post natal home care.
- **- out-of-province obstetrical patients are not being transferred back to Island hospitals.**
- - there is no ambulance insurance coverage provided for new mothers transferred back to community hospitals from the Queen Elizabeth Hospital or Prince County Hospital.

OUT-OF-PROVINCE

- - congenital anomalies requiring pediatric surgery are sent to Halifax.

OBSTETRICS (continued)

- - care and treatment of patients with high risk pregnancies, e.g. labor under 30 weeks, hypertension at 22-23 weeks, unknown conditions, depends to a great extent on the availability of pediatric services. If coverage is not available patients in these categories are sent to Halifax.

OTHER

- - the **Birthing Room** at the Queen Elizabeth Hospital is seldom used.
- - there is province-wide inconsistency in **recording newborns** to hospital records. For example, a high risk case is referred to Queen Elizabeth Hospital and the birth is recorded in their hospital statistics then the mother may be transferred back to her community hospital and recorded again as a newborn.
- - **midwives** should be considered as an alternative to obstetrians.
- - according to G.R.A.S.P. figures, obstetrical units are not adequately **staffed.**

OCCUPATIONAL THERAPY (O.T.)

HOSPITAL SERVICES

OCCUPATIONAL THERAPY COVERAGE

- - concern has been expressed that occupational therapy is a solo practice in most Island hospitals. When the O.T. goes on vacation, the waiting list doubles. This becomes very stressful for the practitioner and results in a delay for the patient.

O.T. (continued)

- - at the present time, four out of the seven Island hospitals have no occupational therapy services. Recruitment efforts are underway.

- - hospitals have noted that one day a week for hospital occupational therapy services has proven to be inadequate coverage in the past.

ROLE OF THE O.T.

- - it is felt that an O.T. has a very significant role to play in discharge planning and preparing the patient for return to the community.

- - in contrast to physiotherapy, there does not seem to a great deal of demand and appreciation of O.T. services in the hospital system.

- - the occupational therapy role across the province varies according to the preferences of the practitioner: some do splinting others do not, some see children others do not. It has been suggested that a basic O.T. program should exist in all hospitals. As a minimum, these programs should consist of basic splinting, basic arthritic feet and developmental assessments.

- - when coverage is marginally adequate, in-patients traditionally have not been priorities for the Physio or the Occupational Therapist.

- - concern was expressed that the hospital has become a 'dumping ground' for everything others do not want to handle or see. This may have resulted in friction between hospital based services and community based programs.

UNMET NEEDS

- - a need exists for more O.T. out-patient services for arthritics, low back pain patients, pediatric developmental assessments and the general adult population.

O.T. (continued)

- - a great deal of the occupational therapist's time is taken up with clerical duties; a need has been identified for support staff for this service.

OUT-OF-PROVINCE REFERRALS

- - facial burns requiring facial splints for constant pressure are referred to Halifax.
- - disabled driver assessments are restricted at the Queen Elizabeth Hospital as equipment (simulators, etc.) is limited. Most clients are referred to Halifax.

COORDINATION

- - Concern was expressed over the degree of variation in occupational therapy service delivery across the province. There are patients discharged from the hospital who should see an occupational therapist within the first week after discharge, but this does not always happen. It is believed that a communication problem exists between hospital based services and community based services.

WAITING LISTS

- - the Queen Elizabeth Hospital provides prevocational evaluations for Worker's Compensation and Canada Employment Center. The waiting list for this service presently exceeds six months. It has been suggested that the Queen Elizabeth Hospital implement a screening process to eliminate the inappropriate referrals, as some patients may only require a physical evaluation.
- - when O.T. coverage was available in West Prince, waiting lists for occupational therapy services exceeded three to four weeks at both Community and Western Hospitals.

O.T. (continued)

COMMUNITY SERVICES

O.T. COVERAGE

- - a need has been identified for more occupational therapy services for the elderly, both at home and in the manor.
- - occupational therapy consultation services are presently provided to some Provincial Government manors one day a week to assess stroke patients. Concern has been expressed that there is a need for more 'hands on' O.T. coverage in the manors.

OTHER

- - a suggestion was made that occupational therapy services were **better coordinated** in the west prince area when one therapist was responsible for the hospital, home care and the manor; however, concern was expressed that reporting to three different employing agencies is not an ideal situation.
- - concern was expressed over the **fragmentation** of O.T. services. Service delivery among Division of Home Care, Division of Aging and the hospitals seems to be disjointed.
- - there are more **physically disabled children** in school classrooms due to the integration thrust. Schools do not have the health supports required for these children.
- - conflicting information has surfaced in regards to the **recruitment of Occupational Therapists** to positions in Prince Edward Island. However, it may be noted that only sporadic services have been provided in the rural areas of the province.

YOUR POINT OF VIEW

OPTOMETRY

The Department of Health and Social Services should:

- encourage interaction between the general practitioner and the Optometrists.

- utilize optometry more extensively to promote preventative vision care, e.g. public health screenings.

- review the regulations concerning the provision of contact lenses.

- conduct a study of the feasibility of optometric use of therapeutic drugs.

- - there is need for the integration of optometric services into the provincial hospitals and the health care institutions.
- - the Hospital and Health Services Commission should allow a referral fee to Ophthalmologists from Optometrists.
- - the Provincial Government should involve optometry in the health care planning process by the encouragement of cooperative inter-professional relations through the formation of a standing advisory committee on vision and eye care or by the appointment of government vision liaison personnel.
- - all children in Prince Edward Island should have a complete vision assessment by an Optometrist before entering the school system.
- - the Prince Edward Island motor vehicle operators should be required to have a periodic vision examination in order to qualify for license renewal.

YOUR POINT OF VIEW

ORTHOPEDICS

- - there are 20 beds allocated to orthopedics at the Queen Elizabeth Hospital, rarely do they have a vacant bed.
- - more major surgical procedures are being done on older patients now than in the past, e.g. 102 year old patient gets a hip pinning, justified on the basis of relieving pain. Older patients who get total hips replaced often survive the surgical procedure but it is not uncommon to see the patient's death in the paper shortly afterward.

ORTHOTICS

- - it is suggested that Island hospitals contract the services of a private orthotics clinic on a fee-for-service or other basis.
- - the hospital-based orthotics service in this province does not have a certified Orthotist on staff nor do the staff in the Orthotics Department hold professional recognition with any professional bodies.

OUTCOMES

- - there are a number of repeat surgeries e.g. older more fragile patients with multiple problems seem to have complications arising from surgery, one thing leads to another.
- - the system should be doing less and evaluating more, the objective should be to do less but more effectively.

OUTCOMES (continued)

- - administration should be more involved in measuring outcomes and evaluating.
- - the Hospital and Health services Commission should be doing more evaluating.
- - the greatest cost incurred in hospitals over the last two years were related to the practice of medicine not technology and sophisticated procedures.
- - there is a need to ensure that 'technology' is adopted and applied appropriately and is not at the expense of necessary 'bed-side' care.
- - there is a need for a thorough review of the over use of technology and health care resources.
- - drug utilization should be more closely monitored.
- - the nature and frequency of repeat admissions should be studied.

OUT-OF-PROVINCE

AMBULANCE

- - consideration should be given to a program covering the cost of transportation for attendance at out-of-province medical facilities.

ALTERNATE METHODS

- - it may be economical to develop in-province services to meet needs currently provided 'off-Island'.

OUT-OF-PROVINCE (continued)

- - it would make more sense to have the specialist from Halifax come to P.E.I. three-four times per year to see the 12-15 dialysis patients, rather than having the patients travel to Halifax for this service.

UTILIZATION

- - some West Prince physicians are circumventing the system by referring out-of-province or to the Queen Elizabeth Hospital rather than Prince County Hospital, due to past difficulties.
- - some physicians have suggested that colleagues may transfer/refer their patients out-of-province to impress the families involved.
- - some physicians at Prince County Hospital are circumventing the system by referring Gastrointestinal and other procedures out-of-province rather than to the Queen Elizabeth Hospital.

REFERRALS

- - some vascular surgery is referred out-of-province due to the vascular surgeon's heavy caseload.
- - there are limitations on the services provided on the Island therefore the Prince County Hospital and Queen Elizabeth Hospital should refer to out-of-province specialty centers when necessary.
- - disabled driver assessments are limited at the Queen Elizabeth Hospital, most referrals are sent to Halifax where the appropriate equipment is available ,e.g. simulators,etc.
- - there is a concern over the number of patients who are being referred out-of-province for psychiatric related problems. Are these referrals necessary and who is responsible for monitoring this practice?

OUT-OF-PROVINCE (continued)

- - local general practitioners should have to go through an Island specialist first before referring to an out-of-province specialist.

TRANSFERS

- - there are very few patients being transferred back to Island hospitals from out-of-province.
- - very seldom are there patients transferred from out-of-province to Eric Found Center; it appears that the Eric Found Center cannot respond in a timely way, due to the admitting process of the Division of Aging and Extended Care. The admissions committee for the Center only meets on Mondays and Thursdays.
- - a concern was expressed over the lack of information provided on the patients returning to Island hospitals, e.g. report on progress and level of care.
- - it is believed that once Island patients have benefited from the expertise and technology out-of-province, they should be immediately transferred back to P.E.I.
- - some physicians have suggested that colleagues may transfer/refer their patients out-of-province to impress the families involved.
- - there is a concern over a patient being transferred to Moncton Hospital who was treated as if they were coming in off the street; the nurse accompanying the transferred patient is not relieved of her duties upon arrival at the Moncton Hospital Out-Patient Department.
- - there are strong feelings that the air evacuation service must be maintained in Summerside regardless of the closure of Canadian Forces Base.

YOUR POINT OF VIEW

OUT-OF-PROVINCE (continued)

- - it is believed that the guidelines are too stringent for C.T. scan services, e.g. a patient was referred to a Moncton neurologist who suggested the patient have a C.T. scan at Queen Elizabeth Hospital. The family physician attempted to make the arrangement but was refused. A second request was made accompanied by a detailed report from the neurologist supporting the need for the C.T. scan. This request was denied as well. The patient was again referred out-of-province for the Scan.

RANGE OF PROCEDURES

- - P.E.I. does not have an E.N.T. Laboratory, therefore many patients must be referred to Halifax. The technology is quite simple but knowledgeable staff is required. If the service was available locally, the demand would be greater as it is an out-of-province service many physicians are reluctant to make referrals.

- - microsurgery on the larynx is presently done in Halifax; the Queen Elizabeth Hospital should purchase the equipment to perform this procedure; the initial cost to perform this procedure would be $70,000.

- - it is believed that Queen Elizabeth Hospital should be doing coronary bypass surgery.

- - it is believed that there are non-invasive cardiology procedures which could be done at Queen Elizabeth Hospital ; patients are now being transferred out-of-province.

- - if there was a neurologist in the province, neurology consults would increase. The inconvenience of an out of province service results in less demand; the practitioners content themselves with other alternatives, which may be more time consuming and expensive in the long run.

- - regardless of the range of services the province may provide in the future, P.E.I. must maintain a good relationship with off-Island specialists. Many of the procedures we could conceivably get into still have a tertiary aspect to them which the Island will never be able to provide.

YOUR POINT OF VIEW

OUT-OF-PROVINCE (continued)

INSURED SERVICES

- - it has been suggested that the system should cover the costs of a Registered Nurse or a physician for the return trip after accompanying an Island resident to an out-of-province hospital, e.g. a physician and a nurse travel to the Victoria General Hospital, then taxi back to the Halifax Airport. What happens if the Medevac helicopter cannot wait, who would pay for the trip by airplane back to the Island?

- - there is a concern that abortions have to be attained at considerable personal expense, off-Island. This is an inequitable and stressful situation, particularly for the poor and the young.

- - in recognition of the great personal expense incurred by out-of-province hospitalizations, the Hospital and Health Services Commission could assist with a more liberal approach to the reimbursement of ambulance fees.

PUBLIC EXPECTATION

- - there is a prevailing public expectation in P.E.I. that out-of-province capabilities are greater, this issue should be tackled.

CONTROLS

- - concern was expressed over the very few controls in the system, e.g. there should be limits as to what cardiology is referred out-of-province.

COORDINATION

- - the coordination of services must be inter-provincial as well as provincial and regional.

- - it has been suggested that the Island Chapter of the Canadian Hemophilia Society work with health care agencies on P.E.I. to either form our own center or see that patients with hemophilia are referred to Moncton or Halifax.

OUT-OF-PROVINCE (continued)

LABORATORY

- - hospitals should seek improvement in the delays in receiving results of tests that have to be sent outside the province for processing.

OTHER

- - there is a concern with the **reporting process** between Halifax specialists and Island physicians, e.g. reports are very brief, may take up to one year to receive, many do not report back at all, etc. It is believed that we should receive and expect better services from a tertiary care center.

PALLIATIVE CARE

UNMET NEEDS

- - there is a need to improve the environment in the chemotherapy areas of both the Prince County Hospital and the Queen Elizabeth Hospital.

- - there must be an improvement in both the recognition of and the ability to respond to pain control needs in the hospitals.

- - referrals to specialists must be more forthcoming, e.g. oncologist services.

- - recently the Eric Found Center has been working towards a four-six month length of stay instead of their traditional two year period. They are now very reluctant to accept the long term terminally ill patient if their condition is at all stable.

- - there is a need for more long term palliative care beds; each hospital should have designated beds for palliative care.

PALLIATIVE CARE (continued)

- - it has been suggested that the Eric Found Centre physician be available to other hospitals and general practitioners as a consultant in pain management.
- - palliative care patients prefer to stay in their home community hospital rather than go to the Eric Found Center; therefore the smaller community hospitals should develop an area for palliative care and designate beds as such.
- - there is a need for more appropriate mechanisms to be worked out for the transfer of terminally ill patients from acute care beds to either a hospice unit or home care.

COVERAGE

- - more direct access to palliative care beds and respite beds is needed.
- - improved palliative care services should be a Provincial Government priority.
- - medical expertise and home care services should be available on a 24 hour basis to individuals who wish to remain at home.
- - Island Hospice services are not available to all Islanders, there are pockets where coverage does not exist, e.g. Crapaud.

INSURED SERVICES

- - the cost of medication and provision of supplies to be used at home should become the responsibility of the health care system rather than the patient directly.
- - medications for the terminally ill should be available from the Provincial Pharmacy at no cost to the patient.

PALLIATIVE CARE (continued)

STAFF DEVELOPMENT

• - training and in-service opportunities for the physicians be provided in the field of palliative care.

• - greater opportunity for medical professionals to access formal training to improve and maintain the knowledge and the skills in the area of palliative care.

• - nurses should have in-service training and clinical experience provided on an ongoing basis in palliative care.

PASTORAL CARE

• - the pastoral care staff have a very real interest in medical ethics and feel obliged to advise on relevant issues. One of the major concerns about research and heroic procedures is the exploitation of the patient, how can the patient be protected from experimentation and exploitation?

• - hospital staff are more subject to burnout, stress and emotional problems than in any other organization. Hospital chaplains should see helping staff as one of their major functions.

• - the Hospital Association of P.E.I. should organize an annual session for pastoral care workers and volunteers province wide. This session could be open to other institutions and sectors such as long term care or justice facilities.

PASTORAL CARE (continued)

- - pastoral care follow up is vital, on site counselling may be available at the Queen Elizabeth Hospital but who follows up once the patient is discharged? It has been suggested that churches should offer their own 'after' programs. Churches are largely an untapped resource.
- - should the Queen Elizabeth Hospital Pastoral Services be extended to the community?
- - the duties of the Chaplain and the hospital Social Worker overlap. Traditionally, staff have gone to the Chaplain with their problems but may be they should be going to the hospital Social Worker.
- - there should be more dialogue between the physicians and the clergy and a greater coordination between these providers of care.
- - there needs to be a greater sensitivity to the holistic approach to health care. This would include a broad based team which would not be dominated by one or two providers.
- - it has been suggested that the role of the local clergy and Sisters of Saint Martha continue to be highly visible in West Prince.

PATIENT EDUCATION

- - new and existing celiacs require access to current information on the condition, on its treatment and daily management and on the sources of gluten free food products.
- - there is a need for a coordinated cardiac education program consistently applied in all areas of the hospital.

PATIENT EDUCATION (continued)

- concern was expressed that there is little consistency and continuity within the hospital regarding patient teaching programs. The teaching programs from all nursing areas need to be coordinated.

- consideration must be given as to how to better prepare patient and family for less contact with nursing staff while the patient is in the Intensive Care Unit.

- patient teaching should be a very strong component of nursing in Emergency Departments. Patients should get good written instructions before leaving the Emergency Department.

- pre-admission teaching should be combined with pre-admission testing.

- hospitals should employ patient teaching personnel who would be responsible for referring patients to appropriate community programs and groups.

- the patients' need to be kept informed and instructed is not being met. The teaching of patients before discharge to home is a major unmet need.

- teaching parents must be a priority for hospitals and physicians. For example: parents must be aware of the side effects of medications.

- when children are discharged to home, someone should be going with the parent and child to the home setting to do on-site teaching, monitoring compliance, etc.

YOUR POINT OF VIEW

PEDIATRICS

LEVEL OF CARE

- - the pediatric unit at Queen Elizabeth Hospital still has children with depression and eating disorders on the unit; however it was noted that the hospital policy of not admitting children with conduct disorders has improved the situation. It should be noted that although the primary diagnosis of a child on the unit may be a legitimate disorder for that unit, he patient may also have behavioral problems; therefore, he problem of conduct disorders cannot be completely eliminated.

- - chronic diseases are on the increase in pediatric units; e.g. cancer, diabetes, requiring isolation and constant care, etc. Treatment is more equipment intensive than it used to be.

- - adolescent children with conduct disorders should not be admitted to a pediatric unit. They are very disruptive and they jeopardize the safety of other children who are vulnerable. Complaints from parents have been received in this regard. Parents are concerned about leaving their children on Unit 5 at the Queen Elizabeth Hospital due to the presence of teenagers with problems. Ninety percent of the admissions with conduct disorder are wards of Social Services. It has been suggested that a 3rd level group home for adolescents would provide greater security for these patients.

- - teaching parents to do more at home, will assist hospitals with early discharge.

UNMET NEEDS

- - there is no longer a pediatric clinic in Western Hospital.

- - all children in P.E.I. should have a complete vision assessment by an Optometrist before entering the school system.

PEDIATRICS (continued)

UTILIZATION

- - the occupancy rate for the pediatric unit at Queen Elizabeth Hospital is low in comparison to other nursing units. It has been suggested these beds could be used for dialysis, day clinics, etc.

- - there are significant swings in the utilization of the pediatric unit at Prince County Hospital. The seasons affect utilization particularly in admission of patients with asthma and winter viruses. Pediatrics has more special duty nurses, particularly during winter months, than other nursing units.

- - there are a lot of pediatric social admissions, e.g. children from less fortunate homes. Family structures are often lacking and the child does not receive the necessary support at home resulting in readmissions to hospital. Parents get tired of caring for their children, even when they are not on medication, and the physician admits the child to hospital for purely social reasons. Some physicians have more social admissions than others.

SOCIAL WORK

- - Social Workers with the Department of Health and Social Services cannot access hospital in-patient charts.

- - Social Workers with the Department of Health and Social Services tend to be very inaccessible and overworked.

PUBLIC EDUCATION

- - it has been suggested that educational tapes should be obtained for parents of sick children.

YOUR POINT OF VIEW

PEDIATRICS (continued)

- - the teaching of parents must be a priority for pediatric units in Island hospitals. Teaching should be the responsibility of both nurses and physicians. Parents must be aware of the side effects of medications, etc.
- - general practitioners should become much more involved in patient and family teaching. If more teaching was done at the general practitioner level, many admissions could be prevented.
- - some pediatricians have had a great impact on the decline in pediatric admissions by getting asthmatics regulated at home.

OTHER

- - it is expected that the **closure of Canadian Forces Base Summerside will have an impact on the utilization of pediatric units** in Prince County, since there are 930 children associated with the Base.
- - **frequent contacts** among all pediatricians on P.E.I. would enhance pediatric services.
- - there are very few **staff development sessions specifically for pediatric nurses.**
- - at present, there is a **rift between general practitioners and pediatricians**, e.g. the general practitioners are treating children for coughs and bronchitis, then they consult with a pediatrician who diagnose the problem as asthma only to have the general practitioner ignore the specialist's diagnosis.
- - concern was expressed over the **increasing incidence of asthma in this province.** Pediatric nurses are seeing younger, sicker children with asthma. Even visitors to the Island, without a history of asthma, are experiencing asthmatic conditions during their visit to the province.

YOUR POINT OF VIEW

PEDIATRICS (continued)

• - a great number of **Island families cannot afford the medications** prescribed, e.g. one of the prescribed drugs for the treatment of asthma costs $100.

PERSONNEL

• - all hospital departmental managers are not consistent in their interpretation of the Collective Agreement or their dealings with staff.

• - there are major deficiencies in managers when it comes to communicating with and recognizing their employees. It has been suggested that managers need a great deal of training in this area.

• - the Hospital Association should play a major role in labor relations. They could provide a supportive role to the seven hospitals and develop more provincial consistency in the areas of management and labour relations.

• - hospital management teams should be more proficient at doing performance appraisals, administering sick leave, etc.

• - it has been suggested that the Personnel Manager at Prince County Hospital should play a leadership role in activities such as: preretirement planning, hospital picnics, years of service recognition, employee suggestion plans, productivity incentives and exploring day care services for staff.

• - provincially, there should be an Employer's Association or a Prince Edward Island Management Council that would represent management's interest in a broad spectrum, not just hospitals.

PERSONNEL (continued)

- - all hospitals should forward copies of arbitration awards to the Hospital Association of Prince Edward Island.

PHARMACY

COVERAGE

- - the present pharmacy coverage in West Prince is not adequate. With five half days a week shared between the Community Hospital and Western Hospital, the pharmacist has no time for patient profiles or staff education.
- - Western Hospital is interested in a modified unit dose system. Filling prescriptions on Sunday when the retail pharmacy is closed tends to very time consuming for the nurses.
- - there is a need for increased pharmacy coverage at Kings County Memorial Hospital which would allow more time for patient and staff teaching and there is a need for monitoring prescribing practices.
- - if the unit dose system was implemented in the smaller community hospitals, it would require a pharmacist on site five days a week, but not necessarily full days.

LEVEL OF CARE

- - there is no time for patient/pharmacist contact and very little time for physician/ pharmacist contact in the Island hospitals.
- - the workload and time constraints prevents the pharmacists from providing in-service sessions for the hospital staff.

PHARMACY (continued)

- - concerns were expressed over the lapse in time that occurs from the time of writing the medication order until it is administered.

STANDARDS

- - there is growing need to regulate, through computerization, the use and/or abuse of prescription drugs.

- - it was suggested that the Province should buy all the drugs for the hospitals and particularly the geriatric drugs. The Provincial Drug Plan is purchasing massive amounts of drug for seniors and welfare recipients. It is believed that the Province would have a lot of purchasing power and costs would be reduced.

- - for safety reasons, a special hood to prepare drugs for chemo treatment is required in all hospitals providing this service.

- - concern was expressed that the physicians prescribe excessive amounts of drugs. The patients themselves 'feel' they need these prescriptions to survive.

PUBLIC EDUCATION

- - the provincial manors have a lot of concern over multiple medications when residents are admitted, e.g. laxatives, sleeping pills, etc. are very common. There should be more public education on this matter to alert seniors and their families to the problem of polypharmacy.

- - Island Chiropractors have concerns regarding the abuse of chemical substances e.g. drugs for the symptomatic relief or remedy of mechanical problems.

- - there is a need for more patient education as the patient has no idea what drugs they are taking.

PHARMACY (continued)

HUMAN RESOURCE PLANNING

- - the Queen Elizabeth Hospital has lost six pharmacists in the last four-five years to the retail pharmacy sector.

TECHNOLOGY

- - the computerization of Pharmacy Departments is needed to better manage the pharmacy and to assist clinically, e.g. drug interactions and drug information. Presently this is all by books which is a very time consuming procedure. A computerized system would also assist in monitoring expiry dates to shift drugs and eliminate a lot of repetitive tasks.

STAFF DEVELOPMENT

- - the Pharmacy Departments have very limited staff development budgets, which do not go far when you pay for registration fees, travel and accommodations.

- - Pharmacy Technicians have traditionally been trained on the job, however funding should be allocated in the future for the training and development of the technicians. The staff are not impressed with teleconferencing.

- - the pharmacists in P.E.I. hospitals suffer from professional isolation; they should meet occasionally.

- - concern was expressed over a lack of funding for staff development in pharmacy.

UNMET NEEDS

- - the Pharmacy Department at the Prince County Hospital needs more space on the floors and in the pharmacy.

PHARMACY (continued)

OTHER

- - **workload measurements** do exist for pharmacy but they are not recognized by the employer/administrator.

- - the Queen Elizabeth Hospital pharmacy noted that **supplying drugs to other hospitals** may be a convenience to smaller hospitals but a pain for the Queen Elizabeth Hospital. The Queen Elizabeth Hospital is functioning as a 'drug warehouse'. The additional pharmacy coverage in the smaller hospitals has not helped matters any, in fact the pharmacists are ordering more drugs from the Queen Elizabeth Hospital At the present time the Queen Elizabeth Hospital provides this service to Souris, Montague and O'Leary.

- - **nurses resist/object** a pharmacist asking questions over what a physician has prescribed.

- - pharmacists are very rarely asked to **explain medications** to a patient.

- - there is a concern that some patients are prescribed drugs that they **can not afford.**

- - a question has been raised as to whether the **utilization of medical services** is higher for patients who have coverage (insurance) e.g. natives, welfare recipients, etc.

PHYSIATRY

- - Prince Edward Island needs two physiatrists. A physiatrist should be accessible to all hospitals on a regular basis for assessments.

PHYSIATRY (continued)

- - if a physiatrist traveled to each hospital twice monthly to assess patients and consult with the mutidisciplinary team, inappropriate admissions to unit 7 at the Queen Elizabeth Hospital might be prevented and more appropriate rehabilitation therapy could be possible at these hospitals.

PHYSICIAN INVOLVEMENT

UTILIZATION

- - home visits (house calls) by physicians should be increased but the Provincial Government will have to look at the incentives presently in place to use the service. The fee paid to a physician for a home visit is $35 as compared to a hospital out-patient visit, which is $13. There is a limit of 10 per three month period, of home visits, office visits and manor visits, that a physician can claim payment for. As a result patients are sent to the Out-Patient Departments of hospitals; physicians are paid less for the patient visit, but the out-patient visit is a greater cost to the system .

- - almost without exception, long stay patients are seniors who do not require acute care services , they are just occupying a bed. They do not require constant nursing care and only require an occasional visit from the physician. Many are admitted to hospital because transportation is a problem; frequent visits to the hospital or doctor's office are not possible, so the patient is admitted to the hospital. If more Home Care was available and doctors were encouraged to make house calls, these patients would not require admission to the hospital.

- - there was concern expressed over the many patients who are sent to hospital Emergency Departments to see a specified practitioner and not necessarily the emergency physician.

PHYSICIAN INVOLVEMENT (continued)

- - a greater emphasis must be placed on managing utilization of the system. This will require better information systems and better in-house communication systems to transmit information as quickly as possible. Lengths of stay should be monitored closely, as well as unnecessary procedures, tests, etc. Physicians must become more involved in management of resources and accept greater fiscal responsibility. They should be more actively involved in the budgetary process.

- - the incentives for physicians to participate in Home Care by making home visits are improving, but the fee structure would definitely have to change if the system shifted to extra mural.

- - concern was expressed over the family physicians' inappropriate use of the system in that referrals to more qualified and specialized professionals are often not made until after the physician has exhausted the remedies they are aware of. For example, how many preschool referrals are speech therapists getting from physicians?

- - 'Vets make more for barn calls than physicians do for house calls!'

- - concern was expressed that physicians are prescribing excessive amounts of drugs. Manors have a lot of concerns over multiple medications when residents are admitted. There should be more public education on this matter to alert seniors and their families to the problem of polypharmacy.

- - peer reviews and medical audits are just not happening in most Island hospitals. Physicians state that it is happening informally and thus there is not documentation. Medical records staff are a good resource and are willing to assist physicians in gathering information, but the initiative must come from physicians.

CONTINUUM

- - a good relationship exists between physicians and Public Health.

PHYSICIAN INVOLVEMENT (continued)

- - although the situation is improving, the referrals by physicians to Public Health Nursing are not always forthcoming. The breakdown may be that the physicians' receptionists are failing to make the referrals.

- - concern was expressed over hospitals and physicians failing to report incidents of sexual assault, as required by law.

- - doctors and nurses have a much greater role to play in encouraging the addicted patient to seek treatment.

- - patients transferred to Eric Found Center are automatically placed under the care of the physician employed by Eric Found. Family doctors cannot treat patients who are at Eric Found Center.

- - it has been stated that physicians are a part of the system, but only get involved when it is for their own good. This is the number one problem in the health care system.

- - with regard to environmental issues, doctors and hospitals should be a better resource to the community. They should be aware of issues related to water chemistry and contamination, e.g. arsenic, hardness, etc.

- - the annual health exam is really a health promotion opportunity for the physician. It is the only time that a physician goes looking for problems. Physicians use the visit to talk to patients about cholesterol, smoking, sun exposure, etc. To do away with this opportunity is regression.

- - any competent general practitioner who has been properly trained can offer good quality care within the Emergency Department setting and the use of specialty services can be as a backup for more difficult cases only.

PHYSICIAN INVOLVEMENT (continued)

- - it is important to determine the role of physicians in relation to the Medical Emergency Response Team in a mass or multiple casualty incident.
- - family physicians should be more involved in the community on public health education regardless of the composition of the community.
- - the nursing side of Home Care is a 'bit poor'. Nurses should be under the direction of the physician. The doctor can put a patient's condition into perspective because of their knowledge of the patient's history and their access to the patient's chart. What can the nurse do if she operates independently of the doctor and doesn't know the patient's medical history?
- - Home Care is poorly coordinated. Some physicians only use the service if they remember. There should be a formalized relationship between physicians and Home Care to ensure that there are referrals.
- - there are a lot of physicians ' who have their noses up in the air about Home Care' and it seems to be mainly older physicians.
- -physician referrals to Home Care in the Montague area are growing. All nursing procedures done in the home must be ordered by the physician. Given the types of procedures done in the home, at this point Home Care staff do not need access to the patient's chart from the doctor's office.
- - many of the hospital's geriatric patients could be treated at home. Home Care will never realize its full potential in the community if doctors are not directly involved as team players, rather than consultants. There is a reluctance by doctors to give up control of their patients. If they cannot be in charge of the patient in their own home, they will be less likely to use Home Care as an alternative to hospital-based care.

YOUR POINT OF VIEW

PHYSICIAN INVOLVEMENT (continued)

- - one-third of referrals to Mental Health are from physicians and one-quarter of these are for hospital patients. Fewer physicians in Montague refer frequently to Mental Health than in Souris, where 80% of referrals come from physicians and two of three physicians. It was noted that because the service in Souris is located in close proximity to the hospital, there is probably more contact with physicians.

- - physician referrals for all out-patient nutrition services are required. There are some physicians who seldom refer to the nutritionist.

- - concern was expressed over the noticeable difference between the attitudes of physicians in Souris and Montague regarding addictions. Physicians in Montague are becoming very aggressive in alcohol treatment, the number of patients being committed is increasing. Montague physicians seem to be genuinely interested addictions problems.

- - hospitals should be more aggressive in the management of alcohol related cases. If there is no serious medical problem, physicians should refuse to admit detox patients to hospital.

- - there is a perception that physicians are afraid they will lose their popularity if they refer their patient to the detox or refer a family to the Family Therapist. In some cases, a real sales pitch has to be made to get any referrals. This is a situation that should be monitored closely, since a family therapist may be able to prevent hospital admissions caused by stress related problems due to alcohol in the home. In response to this, physicians note that all physicians are not really aware of the programs offered by addiction services and that their services should be marketed better.

- - physicians should be encouraged to support in-home terminal care where appropriate.

PHYSICIAN INVOLVEMENT (continued)

HUMAN RESOURCES

- - there is a need for the P.E.I. Medical Society to establish a committee on alcoholism and drug dependency. The aim should be to improve physician knowledge of the condition, treatment and resources. This committee could also address the concerns of those physicians known to inappropriately supply mood-altering chemicals to known addicts.
- - there is a need to educate doctors and other health care professionals regarding celiac disease.
- - there are too few physicians and allied personnel familiar with Cystic Fibrosis.
- - there should be improvement in the recognition of and the ability to respond to the need for pain control.
- - the Emergency Room nurses at Queen Elizabeth Hospital are working towards being A.C.L.S. and A.T.L.S. trained; however it was noted that their medical counterparts are not making as much progress as the nurses.
- - there should be medical involvement in staff occupational health programs. For example an in-house adult immunization program should have physician involvement.
- - physicians should be required to have more in-service training concerning epilepsy.
- - there should be greater opportunities for medical professionals to access formal training to improve and maintain knowledge and skills in the area of palliative care.

INVOLVEMENT WITH O.T.HER PRACTITIONERS

- - physicians do not consult with pharmacists as often as they should. Pharmacists have more contact with nurses than doctors.

PHYSICIAN INVOLVEMENT (continued)

- - there is not 100% acceptance of the pharmacist as a member of the health care team. The physicians at one rural hospital do not want the pharmacist to have access to the patient's chart, for the sake of confidentiality, the clinical role of the pharmacist is not recognized.

- - the physiotherapist is becoming a mini-practitioner who knows more than a general practitioner.

- - contacts with physicians by pharmacists are increasing but mostly initiated by the pharmacist. There should be a clinical role for the pharmacist. The pharmacist would like a complete picture of the patients other than just filling vials.

PHYSICIAN ISSUES

UTILIZATION

- - concern was expressed over the design and operations of the health care system. One physician pointed out that abuse is a given and should not be a surprise to anyone. If you combine the high expectations of the consumer wanting the very best for themselves with the entrepreneurial and competitive interests of the physician along with an open-ended, uncontrolled system, what potential there is for the health care system to be a drain on the economy! Add another physician to a small community and the practice patterns of the other physicians would change as the fight for survival intensifies. Accessibility to services is not the problem facing Islanders, it is the waste in the system that needs to be addressed. Utilization should be monitored and controls put in place.

PHYSICIAN ISSUES (continued)

- - there are very few post-operative patients transferred from Queen Elizabeth Hospital back to community hospitals. There is very little convalescent care provided despite the fact that some community hospitals would like to play a greater role in providing this service. Usually the only time the patient is transferred back is in the case of post-operative infections. Is the major stumbling block to growth in convalescent care, the reluctance of the surgeon to transfer the care of the patient to the local physician because of the impact on fees?

- - the family physician should continue to play a pivotal role in the health care system. There is a need for high quality control. Peer review, credentialling, etc. must be taken more seriously and must not be a rubber-stamping process. A more effective process would involve local physicians, external resources and input from other sources such as nurses. Hospitals should use the criteria established by the College of Family Physicians for membership when developing credentialling standards.

- - Queen Elizabeth Hospital is essentially a general practitioner run hospital.

- - concern was expressed over the lack of planning in the system and absence of an impact analysis process when new services/specialties or physicians are being considered as additions or even replacements. New specialties and new physicians can have significant impact on staffing, instrument costs, sterilization needs, etc. Aside from additions to the system, replacements can have a significant impact, e.g. a former specialist may have been doing the same procedures for years. Their successor may bring advanced and complex procedures with all of the associated extra costs.

- - Prince Edward Island's health care system is very splintered. A provincial council of sorts is needed to tie things together. Physicians need incentives to promote health, presently they get paid only if the patient is sick and has a specific diagnosis.

PHYSICIAN ISSUES (continued)

- - two of the major issues facing Queen Elizabeth Hospital in the near future are the allocation and designation of beds by service. This is a very sensitive issue with the medical staff and something they will have to work out as a group.

- - concern was expressed over the inadequate consideration given to the impact of adding physicians to the system. Detailed consideration should be given to the operating time available, anticipated length of procedure done by a new surgeon, lengths of stay, etc. A thorough impact analysis should be done.

- - it is recommended that a fee code for palliative care be included in the fee schedule.

MEDICAL MANPOWER PLANNING

- - after the G.R.A.S.P. staffing has been satisfied, a Medical Director is Queen Elizabeth Hospital's next priority.

- - within the medical community, there are mixed feelings over the Medical Personnel Plan for the province. There is some acceptance over the need to plan, manage and control but there is great resentment towards dictating where physicians can or should practice.

- - if the Boards of small hospitals want to attract and retain up-to-date professionals, they should assist in the cost of the physician's continuing medical education. Rural physicians cannot attend the weekly medical rounds at the Queen Elizabeth Hospital. Other venues must be explored. There is not the same accountability in rural hospitals as in urban hospitals. Appropriate mechanisms must be developed to ensure doctors are up-to-date and that the credentialling process is sound.

- - as long as there are inequities between specialties and the fees generally remain below the Canadian average, recruitment and retention will continue to be a problem.

PHYSICIAN ISSUES (continued)

- - Prince County Hospital is having a difficult time recruiting and retaining professionals. The problem is particularly acute in Obstetrics. Medical schools are having difficulty finding recruits for training. The lifestyle and the risk of litigation help to make this an unattractive specialty.

PROFESSIONAL BOUNDARIES

- - concern was expressed over specialists doing primary care rather than working as consultants .

- - the impact of Nursings Entry to Practice Policy has not been given due consideration by physicians. They have adopted the attitude ' it's inevitable, we'll wait and see and respond when we have to'. Discussions should take place between hospitals, nursing and the medical community over transfer of functions.

FAMILY PHYSICIAN

- - the advent of visiting specialists has redefined the role of the general practitioner in community hospitals. General practitioners are no longer removing 'lumps,bumps and moles', the visiting surgeons now do this. This is seen as a positive development, since it allows the general practitioner to spend more time with patient doing preventive medicine rather than tertiary medicine. Despite this, there is a concern that some visiting specialists are practicing primary medicine.

- - there is some concern among family physicians over the primary care services provided by pediatricians in particular. The tendency is for parents to take their child to the pediatrician for regular check-ups but the the local general practitioner when the child is sick and in need of immediate attention. So the general practitioner treats the child when they are sick and the pediatrician sees the child when all is well.

YOUR POINT OF VIEW

PHYSICIAN ISSUES (continued)

- - primary care is what family physicians do best and to relinquish it to other subspecialty groups would be disastrous to the profession. Family physicians would rapidly become simply a referral service, losing skills required to practice good primary care, both in and out of the office setting.

- - family physicians opting out of obstetrics is an issue and the reasons cited for this are: poor remuneration and disruption to lifestyle. However, it was stated that the remuneration for obstetrical care on P.E.I. is fair and has improved greatly over the past 5-10 years and compares favorably with the rest of the country. However, the disruption in family life and desired lifestyle pattern, to the family physician is primarily their own fault. Many are hesitant to sign the patient out to their partner, except when they are out-of-province. It would take a mutually agreeable sign out group of several groups within the Department of Family Practice to solve this dilemma. Many patients would be agreeable to this and would not expect their physician to be available seven days a week, 365 days per year. Providing continuous life long care from birth onward cannot begin unless there is a visible and viable attempt from family physicians to practice obstetrics.

- - reassurance, advice, and assistance in decisions to patients in intensive care is one role that the family physician can provide almost singularly.

- - it is imperative that family physicians be involved in all aspects of administration so that their voice can be heard and expressed at all levels of decision-making within the hospital administrative system.

- - family practice as the cornerstone of care within hospitals should be properly recognized by the hospital staff, by the provincial medical societies and specifically by the government agencies who at present are very poorly remunerating family physicians .

PHYSICIAN ISSUES (continued)

- - family practice physicians' role as assistants in the Operating Room is extremely valuable but there is a problem with remuneration.

CONTINUING EDUCATION

- - new physicians coming to a hospital should receive an intensive orientation to the hospital. A physician should be designated as responsible for orientations. This should include layout of building, policies and procedures, philosophy and missions,current issues, medical staff rules and regulation, bylaws, etc.

- - the Prince County Hospital sponsors ten excellent continuing medical education sessions per year. Speakers of national and international prominence are brought in. Despite the attractiveness of these sessions, Queen Elizabeth Hospital medical staff refuse to participate. There is a mentality that does not recognize what is going on outside Charlottetown.

- - rural physicians find it difficult to go out-of-province for courses as they have to make up their on-call time at a later date. This becomes very taxing for rural physicians who are, even in the best of circumstances, on-call more frequently than their urban counterparts.

- - training and in-service opportunities for physicians must be provided in the field of palliative care.

OTHER

- - some specialists have had and are continuing to have unpleasant experiences in Summerside. Their is a mentality that **Summerside specialists** are not as good as those in Charlottetown or off-Island. Patients ask for a referral to a specialist in Charlottetown or off-Island. Patients think that Summerside attracts only 'small town' physicians. How can this be addressed? Exit interviews should be conducted by the Hospital and Health Services Commission when a professional practitioner leaves the province.

PHYSICIAN ISSUES (continued)

- - physicians will have to pay more attention to **problems of seniors** in the future. It seems the physician pays attention to the acute care needs of the patient but may not act on more minor concerns, e.g. constipation, thinking it is common to all seniors and something to be expected. Action often is not taken until some more major symptom becomes evident.

PHYSIOTHERAPY

HOSPITAL ISSUES

ORGANIZATION

- - patient care plans and team rounds have been suggested as valuable and workable tools for patient care.
- - there is a strong feeling among physicians, administration and physiotherapists themselves, that the centralized management of the physio service has not been successful in the past and that physio services could be more effectively administered at the local community level, or for example, be decentralized to the three counties.

OTHER

- - therapists have a better rapport with physicians and other staff in some hospitals than in others.
- - therapists are concerned about role clarification in keeping the patient informed about test results, etc.

PHYSIOTHERAPY (continued)

PRIVATE CLINICS

- - the introduction of private clinics has made retention an issue. Private practice offers financial incentives with fee-for-service and greater professional autonomy.

HUMAN RESOURCE PLANNING

- - it is widely agreed that the introduction of physio aides into hospitals would add a much needed dimension to the physio service, in the form of non-professional support, and would be of particular value in the solo practice areas, where much of the therapists time is taken up with non-physio tasks.

STAFF DEVELOPMENT

- - opportunities for continuing education and staff development are more limited here than in larger centres. For example, although a degree completion (in Physiotherapy) is possible through distance education and there are many therapists on P.E.I. with only diploma level qualifications, no one from P.E.I. has en rolled in this program. Since cost has been identified as a contributing factor, provision of financial assistance toward continuing professional education has been suggested.

- - further education is needed to ensure cost-efficient and effective practice. For example, two identified areas of need are:

  1) increase therapists interest in and knowledge of older persons for the management of geriatric disorders

  2) provide supervisory training for therapists to prepare them for solo practice.

PHYSIOTHERAPY (continued)

UTILIZATION

- - the utilization of physio services in community hospitals could be maximized if staff (including medical staff) were more educated about the role of the physio, particularly in the area of referrals.

- - the Canadian Forces Base (C.F.B.) closure will impact on the utilization of physio services at Prince County Hospital, although the extent of the impact is not yet know. The C.F.B. personnel were high users of this service as they had a lot of sports injuries per capita.

COMMUNITY SERVICES

UNMET NEEDS

- - there is a strong feeling that there exists a very real need to expand the physio presence in both Home Care and Support and Aging and Extended Care; however this concern is not reflected in the past utilization of hospital services by Home Care and Support. In fact, there have been very few requests made by either of these programs for hospital physio assistance. One identified barrier to an increase in referrals in the past from Home Care and Support to hospital physios is the sporadic provision of hospital physio service in smaller hospitals, particularly in the Souris and west prince areas. Currently in the west prince area for example, physio service is not available; therefore west prince patients are often discharged from larger hospitals without any request for physio follow-up in the community or at the local hospital.

- - with the integration of special needs children into classrooms, the school system needs more support with physiotherapy services in the form of treatment or education of the educators.

- - a provincial physio program should be developed for patients with cerebral palsy, cystic fibrosis, etc.

PHYSIOTHERAPY (continued)

It is believed that:

- there should be physio involvement in the Public Health Nursing Prenatal program
- community care facilities require more physio
- the manor in Alberton requires more coverage
- Home Care and Support in O'Leary requires a physio component

OTHER

PRIVATE CLINICS

- - private clinics lease their equipment and have state-of-the-art technology, including laser equipment, which is not available in any hospital. Patients for who laser treatment is appropriate are referred to private clinics. This array of equipment is increasing the expectations of patients, who expect to see the same in hospitals.
- - physiotherapy services offered in private clinics are very modality operated and many encourage dependence on the service; whereas hospitals have few modalities and stress patient teaching and less reliance on the therapist.A
- - there is some concern that a two-tier system is being created with the introduction of the private clinic, in that only those who can afford to pay have access to this service. The service at private clinics is a non-insured service and is paid for either by the patient or third party insurance. These patients are sometimes referred to the private clinics by the hospital physio. There has been a 45% decrease in outpatient physio attendances at the Queen Elizabeth Hospital since the advent of the private clinic and a 25% decrease at Prince County Hospital.

PHYSIOTHERAPY (continued)

HUMAN RESOURCE PLANNING

- - recruitment to the province and specifically to smaller hospitals has been identified as a problem. Two contributing factors are:

  a) larger centres offer more in terms of professional and educational opportunities and better financial packages.

  b) since recruitment is done through the centralized management structure at the Queen Elizabeth Hospital, the new physio has no indication of where in the provincial system the posting will be. The possibility of a posting to an outlying community, i.e. Souris or west prince holds little attraction for several reasons:

  i) the isolation from other physios;

  ii) the level of responsibility, with no concomitant remuneration, where a physio is shared by up to three hospitals and carries out some department head, or at least department representative functions in each hospital;

  iii) relief problems inherent in solo practice.

- - several suggested solutions to the recruitment dilemma are:

  1) recruitment done by a hospital at the community level would eliminate uncertainty about placement;

  2) financial incentives, such as a form of "isolation pay" as offered by the New Brunswick Department of Health;

  3) a larger bursary would lessen the likelihood that the student would be able to pay it off if they decide to practice elsewhere;

PHYSIOTHERAPY (continued)

4) have the sponsor hospital pay back a portion of the student loan using a formula based on each completed year of service with the sponsoring hospital.

PLACEMENT

GERIATRICS

- - there are often several patients in hospital awaiting manor beds. Some wait for over five months, these patients may be tied to their chairs with a very poor quality of life.
- - there are a number of patients in the West Prince area waiting for a placement in their community; it was suggested that Western Hospital should have a chronic care wing to accommodate these patients.
- - manors will not accept patients requiring oxygen, therefore Chronic Lung Disease patients have difficulty finding placement.
- - it is believed that some patients from the Queen Elizabeth Hospital should be going to manors and not the Eric Found Center. The obstacle is the level of care manors are willing to accept; they do not take patients requiring oxygen, tube feedings or intravenous.
- - more nursing home beds are required on P.E.I.
- - there is a concern that many hospital units provide a baby-sitting service for the elderly awaiting placement as these patients no longer have medical needs.

PLACEMENT (continued)

- - patients admitted to the hospital from a nursing home 'up' bed seem to become the hospital's responsibility. The nursing home simply states that it cannot accept the patient back because the level of care is too heavy and it has not further obligation to the family or patient. It has been suggested that the nursing home should have some obligation to their residents.

- - seniors with fractures and strokes are very common in community hospitals; staff are experiencing more back problems caring for these patients.

- - hospital patients awaiting manor placement could participate in the manor's day programs if transportation could be arranged.

- - the manors should provide a higher level of care and should admit five days a week.

- - there is a concern that hospital staff see a manor resident's death in the paper, but cannot understand why the bed does not become available for a week or so.

- - families are often anxious for their relative to be placed in a subsidized manor bed; they do not want to part with the dollars and the hospital bed is free, so they will insist their relative stay in the hospital bed until their bed of choice becomes available.

- - patients refuse manor beds based on location, people play the system; the family knows that placement priorities are placed on date of admission to hospital. If a bed becomes available and family does not want it, they ask that their relative, who may have already been in hospital two-three months, be discharged. The patient is taken home by family only to be readmitted within 24 hours. The patient gets a new admission date and gets moved down on the priority list. The Division of Aging and Extended Care should look at total stay not date of admission when determining order of placement of patients.

PLACEMENT (continued)

UTILIZATION

- - there were 64 admissions to the Prince County Hospital psychiatric unit last year who were not classified as psychiatric patients. A patient may be discharged from this unit without ever seeing a psychiatrist.
- - there are frequent social admission to P.E.I. hospitals, e.g. a young man with no place to stay presents with a 'sore back' and is admitted.
- - detox patients are often admitted under the guise of another diagnosis such as 'upper gastrointestinal problems'.
- - there is a need for a continuing care unit in West Prince for patients requiring turning, bathing and checking, e.g. patient with mild alzheimers or depression.
- - it is believed that hospitals do not need more beds; in fact if all the patients were appropriately placed in the community, we could probably do with fewer beds. At any given time there are as many as 8-10 patients in a community hospital awaiting placement.

OTHER

- - it has been suggested that the manor staff could provide a service to manor type patients while in hospital **awaiting placement.** Manor staff have the expertise in this area.
- - there is very little turnover and/or movement at the **Eric Found Center.**

TRANSFERS

- - **admitting procedures** from hospital to nursing home are very cumbersome and rigid.

YOUR POINT OF VIEW

PODIATRY

- - the demand for foot care in the province has increased dramatically, especially for seniors.
- - there is a greater need for a Podiatrist than a Orthotist in Prince Edward Island. The Occupational Therapist's do not want to become feet specialists, they are presently doing a great deal of foot care.

PRESCHOOLERS

- - since the three and one-half year assessment is the only infant/child assessment not accompanied by a vaccination, it is often missed by parents, as it is not seen as essential. This assessment program has the lowest attendance.
- - the three and one-half year assessment is only conducted if the mother remembers and takes the initiative to make the appointment. Many problems are thus not being detected early enough. Often action is required before the five and one-half year assessment which incidentally is initiated by the Public Health Nurse.
- - preschoolers receive no nutrition service unless specific disease conditions exist.
- - many preschoolers should repeat kindergarten but because of funding there are very few repeaters. There is a need for more services ie. assessments at the day care level.

YOUR POINT OF VIEW

PSYCHIATRY

CONTINUUM

- - a continuum of care does not exist. There are many players all having their own mandate but no one looking at the gaps between the mandates. There is a lot of 'ball-passing' between players; no one thinks the problems are within their mandate.

- - with the introduction of the acute care psychiatric units at Queen Elizabeth Hospital and Prince County Hospital and the designation of beds for specific levels of care, rigidity has been introduced into the system, there is not as much flexibility in utilizing beds as there previously was in the past, Hillsborough Hospital had greater flexibility in placing patients within the hospital because it had various levels of care and various programs, as well as more beds to work with. Is the psychiatric unit at Queen Elizabeth Hospital working out? What happens when the 30-bed occupancy is exceeded? How are these patients needs met when they are scattered throughout the hospital on various other nursing units?

- - there is a need for a psychiatric day hospital. This program could be based anywhere but should have a strong therapy component rather than unstructured social activities. This would impact on hospital admissions.

- - it was noted that less programming and more flexible life supports is better for patient care. There is a need for as much normalization as possible rather than highly structured therapeutic day programs.

- - an alcoholic may have other physical or psychiatric conditions necessitating certain medications. Addiction services refuse these individuals access to their programs because of their rigid adherence to abstinence from and all mood altering drugs. This means a manic-depressive or schizophrenic patient who also has an alcohol problem would be denied access to the addictions program. The only other options to the individual are hospitalization or continuing as is in the community. This impacts on hospital utilization.

PSYCHIATRY (continued)

- - cooperation between addiction services and psychiatric services has been improving, but could be enhanced by joint education sessions so that each of the services may understand the other.

- - close links should be forged between psychiatric and addiction services.

- - the big thrust towards community service, supports and interventions is fine but it does not lessen the need for additional acute care psychiatric beds. Community mental health is providing a valuable service but the need for institutional acute services will not decline.

- - the psychiatric community liaison nurse program is working well. The ease of essential communications and contacts between the psychiatric unit and patients transferred or discharged from the unit is attributed to the unit's ownership of the program and the physical proximity, in that the liaison nurses are based in the psychiatric unit allowing for frequent contacts with psychiatrists.

- - the community liaison nurses are facilitating earlier discharges from hospital and are providing more crisis intervention out in the community. For control and communication purposes this nurse believes it essential that this service be hospital-based. Eventually there should be a multi-disciplinary community liaison team.

- - the psychiatric community liaison nurse program is working well and has improved services to 'off-service' patients on other units as well as those discharged to the community. The program allows for close contacts after transfer/discharge with the staff and psychiatrist on the acute care psychiatric unit.

PSYCHIATRY (continued)

- - to reduce admissions to the psychiatric unit at Queen Elizabeth Hospital, it was suggested that a social work position in the Emergency Department at Queen Elizabeth Hospital, be created to screen and triage patients to determine the need for a psychiatric consult and bed. It was noted, however that with few or no community referral options on weekends, it is unlikely that such a program would reduce admissions to the psychiatric unit.

- - self-help and support groups are meeting significant needs in the community and have a major role to play.

- - the Queen Elizabeth Hospital psychiatric unit and Community Mental Health have experienced communication problems in the past, due in part to their heavy workloads and not having the time to properly follow through on many issues.

- - concern was expressed that Mental Health services require a referral from a physician, even though the nurse who is in much closer contact with the patient may have a greater sense of the patient requiring the service.

- - Mental Health coverage in Kings County is not adequate.

- - concern was expressed that discharges from the acute care psychiatric unit at Queen Elizabeth Hospital are not being referred to Community Health in Kings County for follow-up.

- - the community Mental Health program both prevents admissions to hospital and allows shorter lengths of stay.

- - Community Mental Health is primarily an office based practice responding to mental health needs in the community which may never require hospitalization. The program is having a negligible impact on hospital length of stay and little or no effect in preventing admissions to hospital.

PSYCHIATRY (continued)

- - there is a huge need for a Mental Health component in the Home Care and Support program. Community Mental Health cannot meet the need in the home. Theirs is an office practice. The need is particularly pressing for children.

- - the level of care provided by the Mental Health team in the West Prince area is inadequate. A youth who is suicidal needs more than a weekly contact with a Mental Health Worker.

- - concern was expressed that general practitioners are reluctant to refer their patients to Mental Health Workers who are not psychiatrists. For example, it was estimated that 90% of physician referrals in Prince County come from 10% of the physicians.

- - concern was expressed over the role of the social worker in the community. The perception is that the supply of social workers is more than adequate but their effectiveness beyond crisis intervention and financial support roles is questionable. Their focus is constantly changing and the 'team' act is definitely not together. The continuity provided to the few who are wards of social services is probably adequate.

- - originally the community mental health program was developed to prevent admissions to hospital. Now that it is an established program, it establishes its own priorities. It does not provide a home service; it is an office based practice that does not prevent admissions. It is responding to the needs in the community that would not require or result in hospitalization regardless.

- - concern was expressed over the role of social workers in the community. It was noted that social workers never initiate contact with physicians or psychiatrists, it is always the reverse. Social workers have a crisis intervention role but do not have an ongoing support role which is so necessary. Social workers are good at securing funding for shoes or travel, etc. or finding a room for a client but follow-up is non-existent. How often do

PSYCHIATRY (continued)

- - they check back to see how the individual is doing? Once the client is hospitalized, the patient then becomes the responsibility of the hospital. Professionals should demonstrate a greater concern over the utilization of resources.

- - it was suggested that the Prince County Hospital psychiatric unit should be physically located in close proximity to the detox unit. Psychiatric patients have more in common with detox patients than with medical patients as far as activities are concerned. Medical unit nurses have no appreciation for the type of programs required on a psychiatric unit. Activities such as mini-golf and barbecuing are not seen as therapeutic from a medical nursing perspective.

UTILIZATION

- - the state of psychiatric services in P.E.I. is really in crisis, both in hospital and the community.

- - before the end of the decade, psychiatric admissions will account for 50% of hospital admissions, the figure now is 30%. In recent years the neurotic/psychotic patients have been more intense and difficult to work with.

- - who is monitoring the number of referrals out-of-province for psychiatric related problems and are the referrals really necessary?

- - demand for psychiatric services will continue to grow. The stigma of depression, etc. is fading and people are coming out of the closet and looking for help. Admissions related to family violence are becoming much more frequent.

- - the province should consider alternate placement options for children with psychiatric disorders.

PSYCHIATRY (continued)

Queen Elizabeth Hospital

- - Hillsborough Hospital should be part of the Queen Elizabeth Hospital and provide treatment and rehabilitation to those with severe psychiatric illness.
- - Unit 9 at Queen Elizabeth Hospital could be better utilized by the diversion of patients to other facilities. Older patients could be cared for in extended care facilities specifically designed geriatric psychiatry. Many beds in Unit 9 are used for other purposes ie. relieving morbid suffering.
- - Unit 9 at Queen Elizabeth Hospital is under serious pressure with the number of patients in need of admission exceeding the beds available. An actively psychotic individual needs a bed immediately in a unit designed to meet their special needs that cannot be met on other nursing units.
- - Unit 9 is over-utilized. Including the psychiatric patients on other nursing units, the occupancy is often in excess of 100%. On many days, between 4-8 patients who are at risk to themselves and others have to be admitted. The less acute patients on Unit 9 are transferred off the unit or are discharged to make room for these new admissions. The hospital needs an additional 6-8 beds. The majority of patients are depressed or suicidal.
- - the pediatric unit at Queen Elizabeth Hospital still has children with depression and eating disorders; however it was noted that the hospital policy of not admitting children with conduct disorders has greatly improved the situation. Often the primary diagnosis of a child on the pediatric unit have a legitimate pediatric disorder but may also have behavioral problems; therefore the problem of conduct disorders cannot be completely eliminated.
- - is the acute psychiatric unit at Queen Elizabeth Hospital working? What happens to the psychiatric patients who cannot fit into the available 30 beds - how are their needs met when they are scattered throughout the hospital on various nursing units?

PSYCHIATRY (continued)

- - concern was expressed over the problem of knowing when a patient should be terminated or taken off the caseload of liaison nurse. After relationships and rapports are established and dependencies are created, it is difficult to know when to discharge a patient from the program. The relationship could go on forever and eventually the caseloads would get bogged down.

- - the trickle of patients into other nursing units at Queen Elizabeth Hospital as a result of overcrowding on Unit 9 needs to be addressed.

- - the psychiatric unit at Prince County Hospital has not decreased the demand for acute psychiatric services at Queen Elizabeth Hospital.

- - psychiatric patients who are transferred out of Unit 9 to make room for new, more acute admissions, are not receiving the services of a psychiatrist. The nursing staff on other units area not trained to treat psychiatric patients and do not have the time to even talk to these patients.

- - Unit 9 seems to be playing a greater role in treating alcoholism. Out of 30 patients on any given day, there are usually three in for detoxification.

Prince County Hospital

- - general practitioners on that unit are treating patients and the patients are returning to their local physicians with the same, occasionally more acute problems. A patient may spend two weeks in the Prince County Hospital unit without seeing a psychiatrist.

- - concern was expressed that Prince County Hospital cannot certify patients.

YOUR POINT OF VIEW

PSYCHIATRY (continued)

- - there is no legitimate reason why Prince County Hospital should not be certifying patients. As it stands, Queen Elizabeth Hospital gets the troublesome patients. It was suggested that Prince County Hospital is providing the same level of care as the small hospitals, the difference being Prince County Hospital has a larger unit.

- - concern was expressed over the Prince County Hospital psychiatric unit in that it is not providing acute psychiatric services.

- - staff at Prince County Hospital may not have sufficient exposure to the broad range of psychotic conditions due to low activity levels and therefore do not develop the expertise required for a psychiatric unit.

- - it was observed that the Prince County Hospital psychiatric unit provides a 'rest' for patients. There is really no program and it is directed by general practitioners. There are too many decision makers involved in the management of the unit.

- - patients in the psychiatric unit at Prince County Hospital are inappropriately occupying psychiatric beds. The role of this unit should of major concern to the system. A solo psychiatrist cannot provide the consistent level of service without disruption that is expected of a psychiatric unit.

- - not all utilization of the unit at Prince County Hospital is appropriate. There are a lot of drug and alcohol related cases who, either could not be accommodated at the Detox center or who the doctor preferred to admit to hospital. General practitioners can admit directly to the unit and do not have to get a psychiatric consult. A patient may be discharged from the unit without ever seeing a psychiatrist and this may account for some of the inappropriate cases.

PSYCHIATRY (continued)

- - the psychiatric unit at Prince County Hospital has geriatric patients awaiting placement for up to six months and as long as one year to get a long-term, psycho-geriatric care bed at the Hillsborough Hospital.

- - concern was expressed that patient with personality disorders and depression are admitted repeatedly throughout the year. The obvious conclusion is that their needs are not being met. The coverage on the unit is inadequate, staff need more direction, patients need more contact.

- - in order to commit patients, the unit at Prince County Hospital requires a psychiatrist be accessible 24 hours a day. Other obstacles to the committal process are staff resistance, fear of the unknown and security concerns.

- - three reasons were cited why Prince County Hospital has not been designated as a detention unit: the need for a safe seclusion room, qualifications of the nursing staff, psychiatrist in solo practice.

Rural Hospitals

- - rural hospitals are poorly equipped to respond to the mental health needs of patients.

- - alcoholic patients are admitted to hospital to avoid the stigma of detox centers. These patients can be disruptive; however the occurrence of these admissions seems to be declining.

- - there should be a designated area in rural hospitals for psychiatric patients to avoid general hospital disruption.

- - patients with severe depression should be admitted to the Queen Elizabeth Hospital, rather than a rural hospital

PSYCHIATRY (continued)

• - an admission to the psychiatric unit at Queen Elizabeth Hospital has a psychological impact on the patient. Treatment in a local hospital is less intrusive with fewer interventions resulting in shorter lengths of stay. Patients admitted to the psychiatric unit at Queen Elizabeth Hospital develop unnecessary dependences. Treatment in local hospitals if at all possible, is by far the preferred approach.

• - nursing staff feel strongly that given the present level of resources, rural hospitals should not be caring for active suicidal and/or psychotic patients. It is estimated that 30-50% of in-patients have mental health needs, either as their primary or secondary diagnosis.

• - nursing staff and physicians do not agree on the need for improved psychiatric capabilities but it is nurses who care for the patient 24 hours a day.

HUMAN RESOURCE PLANNING

• - the training of general practitioners in psychiatry in this province is unique to the atlantic area. At present, several general practitioners who have received additional training are allowed to admit and treat patients in the psychiatric unit at Queen Elizabeth Hospital. This development was necessary due to the acute shortage of psychiatrists in the province. Ideally there should be 10 - 15 psychiatrists in the province.

• - the present situation in the psychiatric service puts the health of the psychiatrists and the patients at risk.

• - it was noted that nurses should be given the opportunity by their employer to receive specialized training in areas of their own choosing. Such opportunities would result in higher levels of nurse satisfaction. Concentrated programs in specialty areas are available in other provinces.

PSYCHIATRY (continued)

- - there should be closer links between the psychiatric units at Queen Elizabeth Hospital and Prince County Hospital. It was suggested that psychiatric staff periodically should rotate between the two hospitals; the exchange of staff would be meaningful to both units.
- - nursing staff should receive psychiatric training.
- - staff expressed a need for senior and experienced hospital social workers to be involved with psychiatric units. Junior persons are not appropriate.
- - a solo practicing psychiatrist cannot be expected to provide a continuously effective service on an acute care psychiatric unit. General practitioners' involvement in the unit, in that they can admit and treat patients, is inappropriate.
- - there is a critical shortage of psychiatrists in the province. Who is responsible for recruitment?
- - nursing education programs are generally lacking in psychiatric training, particularly the diploma programs where students may only get a couple of weeks exposure. A psychiatric unit should hire psychiatric nurses. Nurses need training in group counselling, psychotherapy, etc. It seems to be difficult to convince management that psychiatry requires special training. It is seen as 'soft care'. If skill levels were deficient in the Intensive Care Unit, it would be obvious in short order.
- - considerable concern was expressed over the experience and qualifications of the nursing staff on the Prince County Hospital psychiatric unit. Due to lack of experience, nursing staff suffer needless anxieties over patient conditions and find their work quite stressful. It also results in unnecessary calls to the psychiatrist.

PSYCHIATRY (continued)

OTHER

- - **committals to detox are a major frustration for the R.C.M.P.** They do not see their role as providing a taxi service to the detox. Officers should not be leaving the local area unless it is necessary. Transporting detox patients is seen as a health care or domestic responsibility, not the responsibility of justice, unless the patient is violent.
- - **Unit 9** at Queen Elizabeth Hospital should have been **designed to physically separate** various psychotic conditions.
- - **specialty clinics** in rural hospital should be expanded to include **psychiatry.**
- - there is a need for an **addictions psychologist** who could also be used in other areas such as sexual abuse where alcohol is often involved in the home.
- - there are patients who should be committed but who are not due to the **cumbersome committal process.**
- - there is a need for **community group homes for troubled adolescents** and disturbed teenagers in Summerside area.

PUBLIC EDUCATION

- - Island chiropractors have concerns regarding chemical substance abuse e.g. drugs for the symptomatic relief or remedy of mechanical problems.
- - breast screening programs should be introduced at Prince County Hospital and Queen Elizabeth Hospital along with breast self-examination teaching and exams by health care professionals.
- - the establishment of health promotion clinic is recommended to encourage a healthy lifestyle and to move away from the illness/treatment concept in the health care system.
- - to promote early detection and prevention of cancer, the public must be educated to expect and demand relevant preventative tests such as mammograms; as well, physicians should be encouraged to perform the tests at appropriate intervals.
- - concern was expressed over public perceptions of the role of emergency service. Confusion exists over the terminology: emergency, outpatients and ambulatory care. These terms should be clarified for the public and used consistently.
- - consumer education is seen as a major priority for the health system.
- - the public have no concept of the cost of providing health services. We should educate the public in the true costs of services to promote more responsible use.
- - hospitals will have to work out their respective roles in new directions such as: health promotion, disease prevention and public education.
- - there should be increased funding for public education programs supporting health promotion and preventative medicine.

PUBLIC EDUCATION (continued)

- - improved communication and knowledge about services available from Health and Social Services and community providers would enhance service to the client and avoid overlapping service.
- - physicians have a major responsibility and role to play in encouraging the appropriate use of Emergency Departments.
- - the hospitals should be promoting the role of Public Health nurses. Public Health should be more active in educating the public about A.I.D.S.
- - have we placed too much responsibility on the schools for education? Should hospitals have a broader role to play?
- - hospital nurses need more exposure in the community. They should demonstrate initiative by playing a greater role in education in the hospital and out in the community.
- - there is a need to identify what services are available at all hospitals and which should be centralized; and to educate the public on what is available where and how it should be utilized.
- - there is a need to inform the public that a fully-equipped dental operating room is available within the hospital environment.
- - hospitals should play a larger role in health education and health promotion and resources should be allocated to strengthen this mandate.
- - hospitals should host seminars jointly presented by hospital staff and Students Against Drunk Drivers representatives; as well hospitals should take a more active role in educating the public about drinking and driving.

PUBLIC EDUCATION (continued)

• - there should be a means by which Islanders can become aware of the services available and the alternatives to hospital based care.

• - more resources should be allocated for maintaining wellness through education, rehabilitation and prevention so the consumer would have less need to repeatedly access the physician/acute care system.

• - there should be more public education to alert seniors and their families to the problem of overprescribing of drugs, and the use by one consumer of many pharmacies.

• - the system must recognize the role of family caregivers and provide them with the appropriate support to enable them to continue providing care in the home environment. This would involve providing families with information on housing options, creating an awareness of other supports available in the community and caregiver education on 'caring for a senior'.

PUBLIC EXPECTATIONS

GERIATRICS

• - families prefer to have their relatives admitted to a nursing home or manor. Relatives and families are often exasperated with the responsibility of securing appropriate services and their attitude becomes: 'Let's get mom into a manor and get it over with'.

• - families are often anxious for the patient to be placed in a subsidized bed, they do not want to part with the dollars. Hospital beds are 'free'.

PUBLIC EXPECTATIONS (continued)

UTILIZATION

- - families tend to put pressure on the physician to alleviate their own pressures, e.g. 'Can you put grannie in the hospital for a rest'?

- - families are less willing to help, perhaps it is because they know the system is more willing to help. It has been suggested that both physicians and the public have to be made aware of what constitutes appropriate utilization.

- - the general public demands too much and is intolerant to waiting lists. If the physician was to counsel the patient on utilization, the patient would seek services elsewhere and the physician would be the loser. The establishment of a formal system could solve such a problem, e.g. patients having a designated physician.

- - it is believed that it is not the physician's responsibility to police the system. If a patient presents at the physician's office the physician has a responsibility to see the patient.

- - the public expect the hospital to have an open door for everything, at all times. The hospital has no restrictions on who it admits through it's doors; other agencies make their own rules on who and when to admit.

- - it is uncertain, as to whether the hospital has the responsibility to assess every patient that presents at the hospital even if the patient's primary mission is to find out how they goabout seeing a physician, e.g. a tourist. If the patient has reached the conclusion that they must see a physician then they must have already diagnosed themself.

- - concern was expressed over the design and operations of the health care system. It has been pointed out that abuse is a given and should not be a surprise. If you combine the high expectations of the consumer wanting the very best for themselves with the entrepreneurial and competitive interests of the physician along with an open-ended, uncontrolled system, this could only lead to a potential for the health care system to be a drain on the economy.

YOUR POINT OF VIEW

PUBLIC EXPECTATIONS (continued)

- - utilization should be monitored and controls should be in place.

- - physicians, because of public expectation and of the fear of litigation tend to overuse the system, e.g. an 84 year old with Cerebrovascular accident was sent to Moncton Hospital for C.T. scan to complete the clinical diagnosis.

NURSING

- - the public are becoming very demanding; very questioning and do not seem to mind interrupting the nurses' work routines. Visitors also cause interruptions, and are time consuming.

- - patients become overly and unnecessarily dependent upon staff to do personal tasks that patients often are quite capable of performing, e.g. bathing, there are too many bed baths. Nurses are employed to provide care that assists in the curing process.

- - nurses have expressed concern in coping with the public. The public are becoming more demanding and more questioning. Some want to read every note on the chart and they don't respect the hospital's policies. Some parents refuse to let the nurse wake up a child to take their temperature.

FUNDING

- - it is believed that health care coverage is far too rich for the public purse. The public should have to pay something for all the services they receive. It is suggested that the public should take more responsibility for their health, e.g. if patients insists on smoking then the costs of the medical interventions to treat the effects should not be borne by the public but rather the individual.

- - a major challenge for hospitals will be to adapt to changing needs, changing patterns of illness, and changing expectations in the public, when funding is limited and minds are conservative and fixed in the previous era.

YOUR POINT OF VIEW

PUBLIC EXPECTATIONS (continued)

PATIENT EDUCATION

- - it has been suggested that when patients are well, they should be making their own beds, it would prepare the patients for their return to home.
- - a responsive and comprehensive public information program should be developed to inform, respond to concerns, and to address public expectations in cooperation with the Provincial Government.

OUT-OF-PROVINCE

- - there is a prevailing public perception that out-of-province capabilities are greater. It has been suggested that this concept should be tackled.

OTHER

- - the public's perception of the **Intensive Care Unit** causes undue stress and concern and actually be a deterrent to the well being of the patient, e.g. families attach a great deal of seriousness to a pacemaker, or they believe that a respirator means their loved one is at death's door. Such perceptions affect the way they communicate with the patient.
- - the demand for a **private room** is very high. Patients frequently feel they are entitled to a private room. Often they have the coverage or the means to pay but a room is not available. There are other patients who are in greater need of privacy whether they have the coverage or not.
- - consideration should be given to appointing a **patient representative** or ombudsman to facilitate response to concerns.
- - it has been suggested that **hospitals establish multicultural committees** to identify needs and issues; and to develop and address those needs.

YOUR POINT OF VIEW

PUBLIC EXPECTATIONS (continued)

- - the Provincial Government should undertake a review of the policies and programs to determine the relationships between the roles of **ethnic specific immigrant aid and mainstream services for immigrants.**

PUBLIC HEALTH

ROLE

- - public health could be a tremendous resource in identifying problems and referring clients to the appropriate services.
- - the public health policy which states that staff should not see patients age 20 years and over is perceived to be very rigid.
- - the present approach to Health Promotion, as provided by Public Health is very piecemeal e.g. immunization, head checks, etc. A broader vision is required and the aforementioned should just be components of an overall public health thrust for the province.
- - hospital nurses observe that there is much that Public Health nurses could be doing on a regular basis in the community, such as: Well Women Clinics, Blood pressure checks, foot clinics.
- - a role of Public Health should be to organize and coordinate such events as annual 'breast exam days'.
- - Public Health should be more active in educating the public about A.I.D.S. Public Health should operate a 24-hour crisis line both to provide prerecorded educational messages as well as to offer personal help.

YOUR POINT OF VIEW

PUBLIC HEALTH (continued)

- - Public Health coverage in the schools is inadequate. When nurses are present in the schools, they are busy doing vision and hearing tests but are not really accessible when other concerns arise. The schools would like Public Health to take the responsibility for health in the schools.

- - Public Health nurses should be doing P.K.U. testing at home rather that having the patients go to hospitals for testing.

- - the three and one-half year assessment is only conducted if the parent takes the initiative to make the appointment, thus many problems are not being detected early enough. Often actions are required before the five and one-half year assessment which is initiated by the Public Health nurse.

- - Public Health does not market their skills in health promotion, but if they are invited to put on a session, they comply. The entire health care team should be involved in health promotion.

- - general dissatisfaction was expressed with Public Health's primary, and almost exclusive, interest in children which has resulted in the community being underserviced in the area of health promotion, adult immunization, etc.

- - Public Health has a major role to play in preventing teen-age pregnancy. Sex education, contraception, etc. should be key components of their public education service. They must concentrate on reaching those who most need the service but are the least likely to participate in organized activities. These services should be hospital based to maximize communication and coordination among professionals. At present, there are poor communications between physicians and public health nurses.

PUBLIC HEALTH (continued)

- - there is a fine line between Public Health and Home Care and Support. Given the existing staffing, Public Health should make one visit to the home after discharge from the hospital. If hands-on care is required, then Home Care and Support should be contacted.

- - small hospitals identify a role for Public Health nursing in discharge planning.

LEADERSHIP

- - Public Health needs a strong provincial leader.

- - concern was expressed that the province lacks an overall strategy and leadership in the area of Public Health. What is the department doing/planning in the area of patients with: A.I.D.S., H.I.V. positive, and hepatitis B.

- - concern was expressed over the lack of Public Health leadership on P.E.I.; policies and attitudes seem to be rigid, formal and inflexible.

- - the new Medical Health Officer may provide Public Health with some direction but concern was expressed that the level of skills, etc. of the Public Health nurse may not be concern of the Medical Health Officer. This person may be more involved with the broader issues of health and less involved with details of skill levels, resources, etc.

INTERACTION WITH HOSPITALS

- - the presence of Public Health in hospitals is seen as an asset, the casual contacts with doctors and staff are very important. The physical proximity provides frequent contacts and opportunities to work together and in certain situations the caregivers get together to discuss a particular case.

PUBLIC HEALTH (continued)

- - Public Health nurses need to be more visible and included in the multidiscplinary team. To achieve greater interaction with doctors, nurses and other professionals, Public Health should be located under the same roof as the acute care hospital.

- - Infection Control Departments in hospitals have little contact with Public Health. The contacts that do happen are one-sided and Public Health does not reciprocate.

- - Out-Patient Departments should make more referrals to Public Health for blood pressure check, medication review clinics, etc. When a baby with a high temperature is seen in out-patients, the Public Health nurse should be asked to do a telephone follow-up with the parent the next day.

INTERACTION WITH PHYSICIANS

- - there is a good relationship in some rural areas between physicians and Public Health.

- - family physicians should be more involved in the community in public health education regardless of the composition of the community.

- - physicians have very little contact with the Public Health Nurse. Public Health is an entity onto themselves.

- - it was noted that Public Health Nursing in one rural area is not getting written referrals from Charlottetown physicians when a baby is delivered at Queen Elizabeth Hospital.

- - general practitioners are seeing babies for their newborn checkup sooner after delivery, making mothers feel that the Public Health nurse visit to the home is redundant. In the past, the physician did not see the baby until six weeks, now they are seeing babies at two weeks and four weeks. The mother then misses out on a lot of teaching and an opportunity to discuss problems like postpartum depression with the Public Health nurse in the home environment.

PUBLIC HEALTH (continued)

- - concern was expressed over inappropriate referrals to physicians being made by community nurses, from both Public Health and Home Care and Support.

NEEDS

- - there is a need for Women Wellness clinics and family planning clinics.
- - there is generally a lack of services for pregnant women. Although the situation is improving, referrals by physicians to Public Health Nursing are not always happening. The breakdown may be that physicians' receptionists are failing to make the referrals.
- - there are no public health programs at the High School level. A Public Health nurse is available only upon request.
- - the province needs an epidemiologist. Ongoing studies must be conducted. Present data is soft and limited. Hard data is not available to counter such perceptions as 'everyone in our town is dying with cancer' or to answer questions such as; is there a higher incidence of hepatitis B due to 70% of Islanders drinking from private wells.
- - Public Health nurses see very few seniors.
- - many preschoolers should repeat kindergarten but because of lack of public funding for kindergarten programs, there are very few repeaters. There is a need for more services e.g. assessment at the day-care level.
- - there should be an increase in availability of Public Health nurses and expertise in hearing and visual disorders.
- - if Public Health and Home Care and Support had more resources, postpartum mothers could be discharged from hospital earlier.

PUBLIC HEALTH (continued)

- - if Public Health were to take a greater role in postnatal care in the home to effect an earlier discharge from hospital, Public Health nurses would require plenty of additional training including sufficient exposure to trouble shooting.

- - physiotherapists should be involved in prenatal courses with Public Health Nurses but the present resources are not able to provide this service.

PROGRAMS

- - the Diabetes Education Center has scheduled sessions in Alberton, but the attendance was poor. It was suggested that both physicians and nurses need to be involved; it is assumed that the poor attendance could be attributed to poor communication about referrals to this program.

- - the three and one-half year assessment is the only infant-child assessment that is not accompanied by a vaccination. For this reason, it is often missed by parents as it is not seen as essential. This assessment has the lowest attendance levels.

- - it was suggested that the basic screenings done by the Public Health nurse are too basic. Schools perceive that Public Health nurses are missing many things.

COORDINATION

- - the coordination of Public Health nursing in the system could facilitate greater access to services such as speech therapy and physiotherapy in the school system.

- - the Public Health nurse is one source of tremendous knowledge about families. The Public Health nurse cannot share the information due to their commitment to confidentiality; if this information was shared proactively it could be extremely useful in addressing situations and problems. There should be a formal mechanism which allows the exchange of information between professionals.

PUBLIC HEALTH (continued)

- - nurses from hospital, Public Health and Home Care should be doing a lot more in Health Promotion.
- - greater coordination between the hospitals, medical community and the Department of Health is required, in particular Public Health.

OTHER

- - concerns were expressed over the **level of training** of the Public Health nurse and just how up-to-date they are.
- - all newborns are seen by Public Health Nursing, but records on the numbers of **newborns in a region are not available.**
- - Public Health Nurses have convened education sessions for parents in the past on **A.I.D.S. and sex education.** Is there a **role for churches** here as well?
- - there is an unusually high morbidity rate in West Prince. There are many mild **problems which may be missed by Public Health Nursing or physicians** but are surfacing in the school system.
- - it is recommended that **nutritionists work closely with Public Health Nursing in giving service to infants.**
- - **Public Health services** should be available in **french** and this is particularly important for the child development assessment program.

PURCHASING DEPARTMENTS

EQUIPMENT

- - Queen Elizabeth Hospital plant equipment and technology is becoming obsolete because manufacturers are discontinuing parts and service on the parts.

GROUP PURCHASING

- - it was suggested that hospitals should expand their group purchasing arrangements to include not just supplies but equipment as well.
- - it has been suggested that the three Maritime provinces should band together to assist health care providers through joint purchasing to increase their purchasing power.
- - group purchasing works well in the province with a few exceptions. Radiology is a problem due to the different preferences of radiologists.
- - the province could be doing a lot more in the area of group purchasing. Light bulbs, lab supplies, etc. should be considered. It was observed that the larger hospitals sometimes resist attempts by the Group Purchasing Committee to consider other products.
- - the Hospital Association of P.E.I. should be doing more in promoting and explaining group purchasing to the Island hospitals, e.g. the Quick Reference Guide is helpful, but more information is necessary.

INVENTORY CONTROL

- - inventory control is difficult in rural hospitals. Staff do not always sign out supplies and there can be substantial differences in inventory records and actual stock. This would have to be improved before stores could become computerized.

PURCHASING DEPARTMENTS (continued)

AUTOMATION

- - as for inventory, computerization will not occur until rural hospitals have good manual systems in place. Presently it is difficult to get nurses to record items taken out of stock, resulting in poor inventory control. Until this problem is addressed, computerization would be of little value.

- - it was noted that the computerized inventory system at Prince County Hospital is not great, there are many delays.

STAFF DEVELOPMENT

- - some staff are not interested in longer courses but are very much interested in attending seminars, etc.

- - purchasing staff should go to food shows, food equipment exhibits, etc.

OTHER

- - it was suggested that Prince County Hospital expertise could be better and more frequently tapped by the western hospitals in the field of purchasing.

QUALITY ASSURANCE

- - it was noted that there has been a positive change in the interest levels of physicians regarding Quality Assurance, audits, screening, etc. Physicians are interested in looking at outcomes.

QUALITY ASSURANCE (continued)

- - there has been some difficulty implementing Quality Assurance programs in smaller hospitals, due to already heavy workloads. One person in each hospital should be given the responsibility for Quality Assurance. It was suggested that present Quality Assurance and Risk Management programs would be greatly enhanced by a system of provincial coordination.

- - there should be a Quality Assurance Coordinator for the West Prince area.

- - it was questioned whether Quality Assurance is not just a paper exercise; it is time consuming and one wonders if it is worth the effort, however it is a mechanism to keep things up-to-date.

- - originally Quality Assurance programs were very task-oriented but now the broader issues are addressed and outcomes of care are becoming the focus. Quality Assurance must be a part of daily routines and must be done in the department and not by the Quality Assurance Coordinator.

RADIOLOGY

MEDICAL MANPOWER PLANNING

- - when Queen Elizabeth Hospital has a complement of five radiologists, they should be able to send a radiologist to both Souris and Montague on part time basis. It was noted that the new and younger radiologists are not interested in increasing the complement of radiologists as it impacts on their income.

- - a circuit radiologist should be recruited by Souris, Kings County Memorial, and Queen Elizabeth Hospitals.

RADIOLOGY (continued)

- - small hospitals should be able to have the services of a radiologist on a regular basis. Given that no one small hospital could support a radiologist on a full-time basis, radiologists should be recruited and managed centrally with service arrangements with the small hospitals.

- - even with the level of service Dr. Peter MacDonald provided to Kings County Memorial Hospital, the arrangement if less than satisfactory. X-rays taken on Thursday afternoon are not read until Tuesday morning and during the winter months, films are sent to Queen Elizabeth Hospital to be read. As well, patients requiring special procedures are referred to Queen Elizabeth Hospital during winter months, despite the equipment available locally.

- - Kings County Memorial Hospital requires a radiologist on-site part time. At present, they do not have the services of a 'qualified' radiologist. Should their standards be any lower than those of Queen Elizabeth Hospital?

- - a circuit radiologist for Souris and Kings County Memorial Hospitals is required.

- - the turn around time for x-ray reports at Kings County Memorial Hospital was raised as a concern. The physician gets a report 5 days after the x-ray is taken. The hospital needs a board certified radiologist who visits the hospital regularly, perhaps twice a week.

- - the West Prince area may not need a visiting radiologist. Although a long-standing service to the area, perhaps it is not necessary for a radiologist to travel twice weekly to O'Leary and Alberton to do a couple of barium enemas.

RADIOLOGY (continued)

- - if the province wants to continue the visiting radiologist service in the West Prince area there are two options: attract a retired radiologist to West Prince; or recruit an additional radiologist to Prince County Hospital and then the two radiologists could rotate this function. As it stands now, Prince County Hospital does have the resources to quite easily read all the x-rays from West Prince, along with its own workload.

EQUIPMENT

- - now that the province has the C.T. Scanner, emphasis must be placed on upgrading radiology equipment.
- - a new portable x-ray unit is required in the Queen Elizabeth Hospital operating room.
- - equipment is the major concern of the Radiology Department at Queen Elizabeth Hospital. There are a lot of equipment breakdowns and the service is poor.
- - if hospital services are to be provided, modern, updated equipment is necessary.

C. T. SCAN

- - some concern was expressed that C.T. scans are being ordered just because the unit is now in Charlottetown. There is a danger of it being used more for screening than as a last resort.
- - requisitions for C.T. Scans are priorized by the Radiology Department and this does not always please the physicians. General practitioners in particular find some of the guidelines problematic, e.g. a scan of the back requires an orthopedic consultation.
- - the C.T. Scanner is reducing the number of brain scans done in nuclear medicine. A significant reduction was noted at first; however the number is increasing again, but will probably never reach previous levels.

RADIOLOGY (continued)

- - C.T. Scan is a great tool to have on the Island. Concern was expressed over the quandary of whether to send an emergency patient directly to Moncton where a C.T. Scan can be done and a neurosurgeon is readily available, or send the patient to Charlottetown for scan and then transfer to Moncton if necessary. Valuable time could be lost by sending the patient to Charlottetown first.

ROLE OF COMBINED TECH

- - it was questioned whether combined lab/x-ray technicians should be starting intravenous.

- - it was suggested that all hospitals should have registered technicians; combined technicians are very limited in what they can do. Having said that, the Queen Elizabeth Hospital has noted no problems in the quality of the basic, routine x-ray taken by the Combined Technician.

- - it was questioned whether Combined Technicians already in the system would be given the opportunity to becomes Registered Technicians should the Hospital and Health Services Commission decide that Registered Technicians are required in all hospitals.

- - Registered Radiology Technicians have always made Combined Technicians feel welcome at their regular association meetings, whereas the Lab association has not nurtured that type of relationship. The Combined Technicians have no sense of belonging to the Lab Association.

- - Combined Technicians will no doubt be phased out. Registered Technicians with recognized credentials will be the way of the future. A Combined Technician should be given the opportunity to become a Registered Technician with the Hospital as sponsor.

RADIOLOGY (continued)

HUMAN RESOURCES

- - it was noted that there are not enough technologists to staff all the rooms resulting in long waits for the patients. The attitude of staff was also noted, coffee breaks are more important than work.
- - concern was expressed over the profile given nurses in recent years while other members of the multidisciplinary team are being overlooked. Rivalry exists between Registered Nurses and Registered Radiology Technologists regarding the difference in salary levels.

RANGE OF PROCEDURES

- - is was suggested that Prince County Hospital should be doing myelograms and venograms.
- - Souris Hospital should be doing fluoroscopic procedures.
- - Prince County Hospital should be doing isotopes, other than this, it is perceived that the range of radiological procedures is adequate.
- - it was noted that if Prince County Hospital was located a little further west, there would be no need for the western hospitals. It is questionable whether the distance and population of West Prince warrants a visiting radiologist.

STAFF DEVELOPMENT

- - it is very difficult to free up staff to attend short inservice sessions; workload is such that this usually cannot be arranged unless attendance is compulsory.
- - conferences for Registered Technicians should be shared with Combined Technicians.

RADIOLOGY (continued)

- - staff from Radiology Departments in community hospitals should be required to spend time at the Queen Elizabeth Hospital in order to observe procedures so that they may inform patients from a more educated viewpoint.

OTHER

- - the ability to **transmit radiology images by telephone** from community hospitals to larger centers would expedite reporting.
- - the Radiology Department at the Queen Elizabeth Hospital is now considering **transmitting C.T. Scan images to neurologists in Moncton.**
- - locating an **ultrasound unit** elsewhere than the Queen Elizabeth Hospital or Prince County Hospital is questionable since an ultrasound unit needs a Registered Radiologist Tech with special training and a radiologist available while the procedure is being done.
- - if the province gets into **mammography screening** of women between age 40 and 70 years, 4 - 5 additional mammography units will be required.
- - a concern was expressed in one rural hospital that **patients are being x-rayed without first being seen by a physician**, e.g. the nurse calls the physician with a description of the patient's condition and the physician orders the x-ray by telephone. Without a radiologist on-site, it is difficult for a Combined Technician or even a Registered Technician to make a decision.

YOUR POINT OF VIEW

RANGE OF PROCEDURES

UNMET NEEDS

- - there is a need for an ultrasound unit to service West Prince.
- - there is a need for Western Hospital to have an Arterial Blood Gas unit; this would require a Registered Tech in the Lab.
- - there is a need to increase the provision of diagnostic services including ultrasound and endoscopic procedures in smaller hospitals.
- - the Radiology Department at Prince County Hospital should be doing myelograms and venograms.
- - a basic Occupational Therapy program should be in place at all hospitals; as a minimum it should consist of basic splinting, basic arthritic feet and developmental assessments.
- - the Kings County Memorial Hospital needs an on-site radiologist to provide appropriate services.
- - Souris Hospital would benefit from fluoroscopic capabilities.
- - it has been suggested that Souris Hospital should provide sigmoid procedures.

REFERRALS

- - there are procedural limitations on both the Queen Elizabeth Hospital and Prince County Hospital, therefore they should refer to out-of-province specialty centers when necessary.

RANGE OF PROCEDURES (continued)

- - P.E.I. does not always have the critical mass to warrant or support a procedure. There is a danger of too many health professionals doing too few of any one procedure to be come proficient.

LABORATORY

- - hospital lab services must be upgraded and maintained at a provincially agreed upon standard.
- - hospitals should seek improvements in delays in receiving results of tests that have been sent out-of-province for processing.
- - if hospitals are going to provide services, modern, updated lab and radiology equipment is necessary.
- - there is concern that Kings County Memorial Hospital cannot do testing for potassium levels, e.g. on a weekend, a sick diabetic child had to be sent to Queen Elizabeth Hospital because Kings County Memorial Hospital could not get an accurate blood sugar or hemoglobin.
- - if the smaller hospitals are going to provide emergency services, then the laboratories will have to be improved and brought up to date.
- - the physicians at Community Hospital would like to have the capabilities to do crossmatching; however others feel it should not be done at Community Hospital because they do not have the special resources required.
- - the Community Hospital needs the capabilities to C.P.K.'s, as this is a life-saving test and Community Hospital is 60 minutes away from Prince County Hospital.

RANGE OF PROCEDURES (continued)

- - concern has been expressed over the reliability of instruments like the Kodak Ectachem unit which several smaller hospitals are using.

- - some physicians have observed that the drive to upgrade lab services in smaller hospitals is just empire building by medical staff and a desire to impress patients with technology and gadgetry, etc. It is believed that from a diagnostic perspective, the need is not there. The present arrangements with Queen Elizabeth Hospital should meet the need of all small hospitals. The argument that C.P.K.'s and stat amylase are lifesaving tests is sensationalized and believed to be blown out of proportion.

- - concern was expressed over the need for more immediate access to diagnostic service, in particular, the laboratory waiting times for blood work should be reduced. A shortage of Lab Technicians seems to be a contributing factor.

INTERNAL MEDICINE

- - there is concern over who should be doing colonoscopies; if surgeons have no training in Gastroenterology and do not have the background in internal medicine, should they be performing colonoscopies?

TRANSFERS

- - there is a concern that if P.E.I. limits the health care services available to Islanders within the province, out-of-province transportation would have to be improved.

OUT-OF-PROVINCE

- - it is believed that microsurgery on the larynx could be done at Queen Elizabeth Hospital as opposed to Halifax; the initial cost of the equipment required is $ 70,000.

RANGE OF PROCEDURES (continued)

HOSPITAL ROLE

- - services are consistently available in some Island hospitals; however other hospitals are less reliable in their continuity of services.
- - it has been suggested that Island facilities should be improved so fewer patients would be required to go out-of-province for services.
- - concern was expressed over the tendency to centralize everything in Charlottetown.

SURGERY

- - it is believed that Community Hospital should expand services using local anaesthesia to include: cystoscopies, gastroscopies, hernia repairs, vasectomies, sigmoidoscopies, hemorrhoidectomies, etc.

ALTERNATE METHODS

- - it is believed that the Center of Excellence concept is not acceptable; if a rural hospital exists it should provide a full range of services to the catchment community.

HUMAN RESOURCE PLANNING

- - the system should ensure that existing and future roles of hospitals are identified not just as 'services' but also in terms of staff requirements.

COORDINATION

- - there is a need to identify what services should be available at all hospitals and which should be centralized.

YOUR POINT OF VIEW

ROYAL CANADIAN MOUNTED POLICE (R.C.M.P.)

- - involuntary/voluntary committals are a source of frustration for the R.C.M.P. They do not see it as their role to provide a 'taxi service' to Detox centres. Officers should not be leaving the local area to drive patients to Queen Elizabeth Hospital unless it is absolutely necessary. This is seen as health care or domestic responsibility and not an area of responsibility of Justice.

- - regarding patients who have been committed to the Detox, if patient leaves the detox, they should be returned because they are under a warrant. No effort is made to return the patient however, because the Detox centre did not want the patient in the first place.

- - transporting a difficult substance abuser is a problem. How does an acute addictions problem differ from an acute medical problem? Why shouldn't the ambulances be used? Presently the ambulance operators are not interested, the R.C.M.P. say it is not their area of responsibility and often the family is scared. Who's responsibility is it?

REFERRALS

REFERRAL PATTERNS

- - there is a mentality that Summerside specialists are not as good as Charlottetown or out-of-province physicians. Patients ask for referrals to specialists outside of Summerside; they think that Summerside attracts only 'small town' doctors. This attitude is causing the community to lose physicians. Exit interview should be conducted by the Commission when a professional practitioner leaves the province.

- - although the situation is improving, referrals by physicians to Public Health Nurses are not always happening. The breakdown may be the the physicians' receptionists are failing to make the referrals.

REFERRALS (continued)

- - concern was expressed that Mental Health services require a referral from a physician even though the nurse who is in much closer contact with the patient may have a greater sense of the patient requiring the service.
- - nutrition consults should not have to be ordered by a doctor. A nurse should be able to ask the nutritionist to see a patient.
- - Out-Patient Departments should make more referrals to Public Health for such procedures as: blood pressure checks, medication review clinics, etc.
- - it was noted that 10% of referrals to Home Care and Support in West Prince come from Community Hospital and 90% from Western Hospital despite the fact that the service is based in O'Leary.
- - physicians and nurses need education on what constitutes appropriate referrals to physiotherapy service.
- - direct referrals from the school system to the necessary agency would be more efficient than adding the extra step of seeing a physician first.
- - referrals to audiology services can only be made through a speech therapist. If parents could refer directly, they could possibly get an earlier appointment with the audiologist.
- - frustration was expressed over Charlottetown physicians failing to make a proper referral to the local nutritionist. If they want their patient to see a nutritionist, they should take the time to write out a referral rather than leaving it to the patient's initiative.
- - it was noted that out-of-province referrals are high in West Prince. It has been speculated that some physicians want to impress families by referring out-of-province.

REFERRALS (continued)

- - concern was expressed that family physicians often hold on to their patients and do not refer them to specialists. The end result is that patients are sometimes hospitalized inappropriately.

- - it is suggested that there are many cases which are referred to off-Island hospitals which could be handled in Charlottetown. Prince County Hospital staff should be required to refer people to Charlottetown when the service is available or at least be required to give the patient that choice.

- - some West Prince physicians are circumventing the system by referring out-of-province or to the Queen Elizabeth Hospital rather than using the Prince County Hospital due to past grudges and grievances.

- - concern was expressed that there are very few controls in the system, for example, there should be limits as to what cardiology is referred out-of-province. A general practitioner or a surgeon can refer off-Island without first consulting with a local internist. These referrals(which may be inappropriate) later affect the response time for bona fide cardiac referrals made by an internist.

PSYCHIATRY

- - concern was expressed that general practitioners are reluctant to refer their patients to mental health workers who are not psychiatrists. It was estimated that 90% of physician referrals to Mental Health in Prince County come from 10% of the physicians.

- - the only referrals to Queen Elizabeth Hospital from Prince County Hospital, apart from committals, are patients who are unwilling to stay at Prince County Hospital, are at risk to self or others, or very aggressive or psychotic patients.

- - general practitioners often do not make timely referrals to a psychiatrist and as a consequence the patient is often very sick by the time the psychiatrist becomes involved.

REFERRALS (continued)

OTHER

- -the referral system to the **Division of Aging and Extended Care** is cumbersome.
- - the **Hospital and Health Services Commission** should allow a referral fee to Ophthalmologists from Optometrists.
- - **community hospitals** should be aware of their limitations and refer when necessary.

REHAB MEDICINE

- - occasionally there are inappropriate referrals to the Rehab nursing unit at the Queen Elizabeth Hospital.
- - the Queen Elizabeth Hospital should establish a Rehab Community Liaison position similar to the Psychiatric Community Liaison position. This could be one nurse or the service could be provided by rotating R.N.'s through the staffing pattern of the unit. The role of this nurse has not been clearly defined, however some suggestions are: helping to coordination services and supports between hospitals and community, organizing and coordinating clinics. Many rehab patients require long-term relationships with care providers and continuity of care is critical.
- - the level of staffing on Rehab units is often criticized by other units in a hospital. The need for the higher patient: nurse ratio is not understand by many. Although physically located in the hospital, often the staff feel isolated because of the rehab focus of the unit.
- - concern was expressed that post-discharge follow-up and community support is minimal for head and spinal cord injured patients. Many of patients are younger and placement is a problem.

YOUR POINT OF VIEW

RESPIRATORY THERAPY

UNMET NEEDS

- - there is concern that no one is really in charge of oxygen therapy, etc. outside the hospital setting.

COORDINATION OF SERVICES

- - nursing staff have raised a concern with checking respiratory therapy equipment in I.C.U. during evening and night shifts. Respiratory Technicians on day shift visit I.C.U. every two hours to check equipment.
- - there is concern that the Queen Elizabeth Hospital Respiratory Therapy Department has little contact with other hospitals in the province.
- - Respiratory Therapist's spend a great deal of time teaching patients the correct amount of solutions and the proper use of the equipment. It has been suggested that nurses should give these instructions.

COVERAGE

- - it is believed the Queen Elizabeth Hospital should have 24 hour respiratory therapy coverage.
- - it has been suggested that Respiratory Therapists be part of the Operating Room team.
- - one Respiratory Therapist at Prince County Hospital is not adequate, on weekends and after 4p.m. on weekdays there is no coverage.
- - the nursing staff believe that other health professionals such as respiratory therapists can walk away from their responsibilities expecting nurses to cover for them.

RESPIRATORY THERAPY (continued)

STAFF DEVELOPMENT

- - skills must be maintained for nursing staff to the check equipment for Respiratory Technicians in I.C.U.
- - additional funding should be provided for staff development as staff must go out-of-province for these sessions.
- - there are very few continuing educational opportunities for Respiratory Therapists in P.E.I.

HOME CARE

- - at present, patients at home requiring oxygen are dealing with private companies. In other provinces, hospitals provide a respiratory care 'home' program.
- - it is believed that patients requiring home oxygen should receive financial assistance.
- - respiratory instructions for home use should be given in the home environment.
- - considerable frustration was expressed over the problems the hospital experiences in dealing with social service's clients. The hospital finds it very difficult to get machines back because clients may have no permanent address, phone, etc.. It was suggested the Department of Health and Social services should purchase 10-12 units and loan them out to their clients.
- - it has been suggested that Home Care and Support and Social services should hire a full-time Respiratory Therapist.

RESPIRATORY THERAPY (continued)

LEVEL OF CARE

- - it has been stated that nurses are not qualified to perform respiratory duties in emergency situations.
- - out-patient aerosol treatments have decreased in number; however, the Out-Patient Department home teaching has increased. Most of the patients with respiratory problems seen in Out-Patient Department's are not true emergencies.
- - Respiratory Therapists have very limited involvement with pediatric units.
- - the Respiratory Department at Prince County Hospital does not do intubations, blood gases, or accompany patients requiring ventilation during transports. However, all these services are included in Queen Elizabeth Hospital's Respiratory Therapy services.
- - there appears to be an increasing number of chronic obstructive lung disease patients. These patients tend to be difficult and require a great deal of support.
- - pediatric patients requiring ventilation are sent to the Isaak Walton Killam Hospital in Halifax.

OTHER

- - **salaries** for Respiratory Therapists in Prince Edward Island are probably the lowest in the country. It was suggested the RESPIRATORY THERAPY salaries should be on par with Registered Nurses.
- - **space** is a problem at the Prince County Hospital's Respiratory Therapy Department. There is very little room available to provide the proper treatment. Presently they only have two rooms and a storage area.

RESPIRATORY THERAPY (continued)

- - there is a bronchial asthma support group in Summerside seeking **professional training sessions**.
- - oxygen concentrators are believed to be **safer** than tanks to use; however they are more costly.
- - Summerside would like to have an **asthma clinic**, similar to the one at the Y.M.C.A. in Charlottetown.
- - a question of **ethics** has been raised: stopping treatment once it has been initiated on the elderly.
- - concerns were raised that many of the hospital's patients have respiratory or cardiac problems and yet the hospital provides a **smoking room** for them.
- - the incidence of **asthma and mononucleosis** are increasing.
- - the majority of respiratory therapy out-patients in Summerside are asthmatics. There has been a change over the past nine years in the age of asthmatics. Historically these patients have been elderly, however, today the **younger patients** out number the elderly by a ratio of 60:40.

RESPITE CARE

DEMAND

- - the concern that respite stay in manors could evolve into a permanent stay is unfounded. Manor policy requires a respite resident to be discharged before being considered for permanent placement.

YOUR POINT OF VIEW

RESPITE CARE (continued)

- - there is a need for respite care to relieve family caregivers who are caring for a family member at home. Half days once or twice a week would be most helpful.

- - there is a need for more respite care beds in the community.

- - respite care normally should be provided in the senior's home or out in the community somewhere with the support of Home Care and Support. Support for seniors in the evenings and nights is often more essential than day support or the provision of a meal.

- - respite care in the community is a major concern.

- - options for respite care must be developed. Respite care at the manors must be coordinated by the placement officers.

- - it has been noted that there is a growing need for community options for seniors with Alzheimers.

- - the Red Cross Community Response program is very active in the Evangeline area but not in the Summerside area. It has been suggested that Red Cross could become involved in providing respite care to family caregivers, particularly in the case of patients with Alzheimers.

UTILIZATION

- - concern was expressed that seniors are conveniently admitted to hospitals with the flu in order for the family caregivers to have an escape weekend. This is especially prevalent during holiday seasons.

- - there is a concern that at least one physician in the system uses hospital beds as hotel accommodations for patients whose domestic situation requires a temporary change in living arrangements.

RESPITE CARE (continued)

• - concern was expressed that seniors are being admitted to hospital for respite care with diagnoses such as urinary tract infection, etc.

OTHER

• - if institutional respite care is required it should be provided by the hospitals and not the manors. Seniors have an aversion to manors. It was noted that even meetings held at the manor are poorly attended by the seniors in a community.

SCHOOLS

PUBLIC HEALTH

• - there are no public health programs at the High School level. A public health nurse is available only on request.

• - it was suggested that Public Health Nurses would provide more education if parents did not object.

• - the Public Health Nurses are really not accessible when concerns other than basic vision and hearing checks arise. The schools would like Public Health Nursing to take the responsibility for health in the school system. It was suggested that the basic screenings done by the Public Health Nurse are too basic, many things are being missed.

YOUR POINT OF VIEW

SCHOOLS (continued)

- - Public Health Nursing is one source of tremendous knowledge about families. Unfortunately they tend to hoard and carefully protect the information. If shared, this information could be extremely useful in addressing situations and problems, however the Public Health Nurse cannot share this information due to confidentiality. There should be a formal mechanism which allows the exchange of information between professionals.
- - the coordination of Public Health Nurses in the system could provide greater access to services such as speech therapy and physiotherapy, in the schools.

DEMAND/NEEDS

- - school cafeterias should have input from a dietitian, in light of significant increases in nutritionists' caseloads of teenagers with eating disorders.
- - services of a nutritionist should be available after regular working hours since teen-agers in school cannot always arrange regular visits during the day.
- - the education system should have social workers in the schools where problems can be detected early and work can begin with families. Guidance counsellors deal more with the student and less frequently get involved in home situations.
- - the absence of a nutritionist in the school for assistance in food preparation and input into the curriculum is seen as a gap.
- - a family planning unit for teen-agers to access information confidentially, is needed in West Prince. There is a sense that any contact with the system will be broadcast around the community through family connections and friends.
- - a safe house/shelter is required for teen-agers in West Prince who must leave their home environment due to abuse or an unhealthy environment.

YOUR POINT OF VIEW

SCHOOLS (continued)

- - there is a need for Family Life Education programs despite the objections of parents who influence trustees who influence programs. The parents who are objecting do not represent the homes in need.

- - there are more physically disabled children in the classroom due to integration in the schools. Schools do not have the health supports required for these children. Teachers may have only basic First Aid or C.P.R. Concern was also expressed over Physiotherapists teaching untrained teachers to teach students special exercises. What happens is the teacher teaches the exercise incorrectly and the student suffers an injury? Schools require Physiotherapist and Occupational Therapist services.

- - many preschoolers should repeat kindergarten but because of lack of funding for kindergarten, there are very few repeaters. There is a need for more services e.g. assessments, etc. at the day-care level.

- - concern was expressed that schools are not well equipped to respond to the health needs of students. For example, what would happen if a child with postural drainage choked in the classroom?

- - the demand is great in the West Prince area for a speech therapist.

- - certain support services such speech therapy and occupational therapy should be included in the mandate of the Department of Education. In addition there should be an increase in availability of public health nurses and expertise in hearing and visual disorders.

INTERAGENCY

- - in a joint initiative between Education and Social Services targeting children 'out of control', schools are providing the necessary resources but Social Services are failing to provide the necessary supports in the home.

YOUR POINT OF VIEW

SCHOOLS (continued)

- - there should be a formal mechanism which allows for the exchange of information between professionals, e.g. Public Health Nurses and educators.

- - there should be, in each region, a group of professionals from Education, Social Services and Mental Health who would meet on a monthly basis to discuss regional concerns and case management.

- - direct referrals from the school system to the necessary health care agency would be more efficient than the present system where physician referrals are necessary.

- - there is a lack of communication between educators and the medical profession, specifically in issues relative to child abuse and with reference to requests for information from out-of-province referrals for assessment.

OTHER

- - **preventative programs** such as 'Born Free' school programs should be visibly and actively supported and recognized as cost effective in the long run.

- - have we placed too much **responsibility on the schools for health education**? Should hospitals have a broader role to play?

- - referrals to **audiology services** can only be made through the speech therapists. If parents could refer directly to the speech therapist perhaps they could get an earlier appointment.

- - there is an unusually **high morbidity rate in West Prince**; there are many mild problems which may be missed by Public Health Nurses or physicians but are surfacing in the school system.

YOUR POINT OF VIEW

SCREENING

MAMMOGRAPHY

- - to promote early detection and prevention, the public must be educated to expect and demand relevant preventative tests such as mammograms and physicians encouraged to perform the tests at appropriate intervals.

- - breast screening programs should be instituted at Prince County Hospital and Queen Elizabeth Hospital along with breast self-examination teaching and exams by health care professionals.

- - if the province institutes a program of breast screening for every woman over 50 years every 2nd year, the province will require an additional mammography unit, probably in Charlottetown.

- - a mobile unit should be considered to service the rural areas of the province.

OTHER

- - it was suggested that it is vital to have early competent detection of **Cystic Fibrosis** to optimize opportunities for survival.

- - it was suggested that there are other screenings than mammography screening, which could have a greater impact on the population and greater value for the money e.g. **prostatic screening, screening for aortic aneurysms**.

YOUR POINT OF VIEW

SHARED SERVICE - BETWEEN HOSPITALS AND DEPARTMENT OF HEALTH AND SOCIAL SERVICES

FACILITIES/EQUIPMENT

- - facilities and/or equipment are shared between hospitals and the Department of Health and Social Services. For example : hospital and manor share a van, century tub, sterilizer; hospital and Home Care, foot care clinics conducted in a hospital by Division of Home Care and Support.

STAFFING

- - it was suggested that coordination of occupational therapy services in the West Prince area was better when the service was shared between Home Care, manors and hospitals.
- - the Activities Director in a manor could assist hospitals in developing programs for long-stay patients.
- - there is difficulty in recruiting and retaining staff resources such as therapists and dietitians. Creative staff sharing with other agencies could be productive.
- - occupational therapy in Souris should be a shared service between hospital, Home Care and manor.
- - although Home Care in Souris does not have a high demand for physio services, it could probably use two days per month. This service could be shared between Souris Hospital and Home Care.
- - it is thought that there are many advantages to a shared nutritionist position between the hospital and social services. The nutritionist has access to a chart at both agencies and becomes familiar with families and other structures within the community.

SHARED SERVICES (continued)

- - Home Care and Support in West Prince employs a nutritionist /dietitian on a part-time basis. It has been suggested that this position could be shared with Community Hospital or perhaps with Summerside Home Care and Support.

SERVICES

- - the Queen Elizabeth Hospital Staff Development Department shares service with other hospitals, P.E.I. School of Nursing and the Civil Service Commission.
- - nutrition services should be coordinated to provide effective communication between health care professionals involved in treatment of illness and prevention of illness using dietary therapy.
- - it has been suggested that the Province buy all drugs, particularly geriatric drugs, for hospitals. The Province must have a lot of purchasing power and drug costs could be substantially reduced.
- - if Home Care is to expand in the community, then more and more equipment will be required. The hospitals have the maintenance expertise to maintain such equipment and perhaps the space to store it. The hospitals should view their role in this regard as an opportunity to participate in a joint initiative in community outreach.
- - there is conflicting information regarding sharing of staff development information amongst different health care agencies in the Souris area.
- - it has been suggested that the policy be formalized whereby Souris Hospital staff occasionally provide venipuncture service to the Colville Manor.
- - some manors require more clinical input from nutritionists; manors and hospitals could share information.

SHARED SERVICES (continued)

- - there is some group purchasing of drugs between hospitals and between hospitals and manors. There are also, between pharmacy departments, informal contacts which seem adequate.

- - although hospitals and divisions of Department of Health and Social Services share in-service sessions, it is felt that something more could be done in this area.

SHARED SERVICES (BETWEEN HOSPITALS)

ADMINISTRATIVE

- - current shared staff development arrangements between Western Hospital and Prince County Hospital are inadequate because increasing workload at Prince County Hospital results in less time to devote to adequate planning of inservice sessions tailored to the needs of a rural hospital. It has been suggested that Western and Community Hospitals share a staff development position.

- - the coordination of Quality Assurance programs in the West Prince area could be in conjunction with shared staff development services.

- - the provincial hospital system needs an integrated library system. There could be a central resource base for the Province; in addition each hospital should have a core collection of books and journals. A provincial circulation system could be devised and annual renewals of subscriptions could be centralized.

- - it has been suggested that the Respiratory Therapy Department could provide a service to the small hospitals in the area of staff development.

SHARED SERVICES (continued)

- - if the West Prince area hospitals shared an Infection Control Officer position, there would be more commitment to programs and more visibility of programs on a day-to-day basis.

DIAGNOSTIC SERVICES

- - full advantage should be taken of the economic benefits of selection of cost effective methods, instrumentation, staffing and integrated purchasing for laboratory medicine. Also, there should be further improvement in other forms of communication among the laboratories.
- - the Queen Elizabeth Hospital Radiology Department is presently exploring the possibility of transmitting C.T. Scan images to neurologists in Moncton.
- - given that no one small hospital could support a full-time Radiologist, there should be central recruitment and management of radiology services with service arrangement with the small hospitals.
- - staff from the Queen Elizabeth Hospital department of Laboratory Medicine should make monthly visits to the rural hospitals.
- - the area of shared Electrocardiogram (ECG) and Radiology (X- Ray) services should be developed to its full potential. This could be shared between hospitals, medical staff or health providers and could include a paging hotline to Summerside and Charlottetown for consultations with specialists and/or ECG and X-Ray interpretations by telephone.
- - the area of shared equipment service arrangements should be explored.
- - innovative methods of accessing technological services such as Fax. reporting of results to specialty centers for reading and interpretation, should be explored.

YOUR POINT OF VIEW

SHARED SERVICES (continued)

- - with the advent of Fax. machines, the turn around time for lab reports should be almost instantaneous. Could labs be computerized with modems in doctors' offices?

- - the need for electronic transmission of data probably could not be justified on the basis of population or distance. The data would have to be digitized and transmitted on a dedicated line with a reader on the receiving end.

ENGINEERING

- - the Queen Elizabeth Hospital Engineering staff could provide assistance to other hospitals in the province; however, there seems to be a reluctance to look to the Queen Elizabeth Hospital for advice/assistance.

- - Engineering staff of rural hospitals spend some time at the Queen Elizabeth Hospital.

- - it was suggested that the Maintenance Manager at Prince County Hospital could provide management services to the West Prince hospitals.

- - servicing of highly specialized equipment should be contracted out on a provincial basis.

MEDICAL STAFF

- - the past relationship between Charlottetown and Summerside is a major obstacle to progress in the area of shared medical staff. Examples illustrate past practice of physicians referring patients out-of-province rather than refer to the other hospital (Prince County Hospital or Queen Elizabeth Hospital). There are some specialties that should not be duplicated within the Province but should be provided either at Prince County Hospital or Queen Elizabeth Hospital and shared by all.

SHARED SERVICES (continued)

PURCHASING

- - the shared purchasing arrangements for drugs are advantageous to the smaller hospitals but an irritation to the Queen Elizabeth Hospital.
- - group purchasing works well in the province with a few exceptions e.g. radiology is a problem due to preferences of physicians.
- - it was suggested that group purchasing be expanded to include equipment as well as supplies.
- - purchase and maintenance of equipment and supplies for all Island hospitals should be coordinated to take advantage of price breaks and improved service associated with bulk buying.

SMOKING

- - policing the hospital smoking policy is an added stress for nursing staff. It is not a nurse's priority to wheel patients to the smoking area. Sometimes the nurse is labeled 'mean' for not responding promptly to such requests.
- - should the system continue to provide services to a patient with chronic obstructive lung disease who continues to smoke? How can the public be motivated to take some responsibility for their own health? Presently within the system, everything is free and there are no incentives to keep well.
- - if hospitals are committed to promoting health they should start with in-patients and set the example. It was stated that many patients have respiratory or cardiac problems and yet the hospital provides a smoking room for them.

SMOKING (continued)

- - if a physician orders a patient to stop smoking, there are no support programs available to offer the patient.

SOCIAL WORK

ROLE OF COMMUNITY SOCIAL WORKER

- - there is some concern that community social workers do not initiate contact with physicians.
- - social workers, due to inadequate resources, primarily serve a crisis intervention role rather than an ongoing support role, which is believed to be necessary.
- - social workers could have an important role to play in identifying problems, however often they are not adequately trained.
- - the need for consistent contact with families by a 'trusted' social worker is not being met due to turnover and heavy caseloads.
- - there is a joint initiative between Departments of Education and Health and Social Services targeting 'children out of control'. The schools believe they are providing the necessary resources but Social Services is failing to provide the necessary supports.
- - concern is expressed by hospitals about the role of the community social worker. Hospital staff have stated that home support of cases identified in hospital is lacking.
- - the participation of the general practitioner in initial interviews between client/patient and social worker, might alleviate concerns doctors have about the role of social workers.

SOCIAL WORK (continued)

ROLE OF HOSPITAL SOCIAL WORKER

- - there appears to be an overlap in the role of the social worker and the hospital chaplain in the area of support for hospital staff.

- - smaller hospitals may want to consider hiring someone with a Masters degree in Social Work who has an interest in mental health and who is good at clinical assessments and diagnosis. This person could be responsible for patient counselling, discharge planning, and supporting staff in need.

- - there is a greater role for social workers in staff support programs . Often social workers are seen as non-aligned staff and other staff are willing to share their problems with them.

- - the trauma, of medical or surgical interventions to the patient is underestimated. Hospital social workers are in the best position to assist a family over the short term in dealing with the intrusive, psychological trauma of a hospital stay.

- - to reduce admissions to the Psychiatric Unit at Queen Elizabeth Hospital, it was suggested that a social work position in the Emergency Department at Queen Elizabeth Hospital, be created to screen and triage patients to determine the need for a psychiatric consult and bed. It was noted, however that with few or no community referral options on evenings and weekends, it is unlikely that such a program would reduce admission to the psychiatric unit.

- - Prince County Hospital should employ a full-time resource worker/discharge planner or social worker to have the sole responsibility of tying all the loose ends together for the patient before they return to the community.

- - a social worker position in a rural hospital, should report to Administration not Nursing or Admitting departments

SOCIAL WORK (continued)

DEMAND/RESOURCES (COMMUNITY)

- - there is conflicting information surrounding the over/under supply of social workers; whether workloads are too heavy, whether staff are adequately trained.
- - social workers are generally overworked.
- - the coverage provided by social workers is inadequate, they do not have the time to provide the support required in the community.
- - more social workers in the school system would mean that problems could be detected earlier and work with families could begin earlier.
- - utilization of acute care beds by adolescents could be reduced if community social worker supports were increased.
- - except for urgent situations social work services are generally not available after hours and on weekends, when they are often most needed.

DEMAND/RESOURCES (HOSPITAL)

- - the accreditation surveys in smaller hospitals have highlighted the need for involvement of social workers.
- - a part-time social worker position should exist in smaller hospitals.
- - small hospitals should have on staff a social worker and a mental health worker.
- - hospital psychiatric units should employ well-qualified and experienced social workers, not junior level staff.

YOUR POINT OF VIEW

SOCIAL WORK (continued)

UNMET NEEDS

- - there should be a province-wide protocol for dealing with child sexual abuse.
- - there should be a Comprehensive Care Clinic for hemophiliacs, organizing services such as: social work, physiotherapy, etc.
- - a safe house/shelter is required for teen-agers in crisis who must leave their home environment due to abuse or an unhealthy environment.

COORDINATION

- - interagency meetings in Summerside between: psychiatry, mental health, social workers, and police, are making some progress; however the preoccupation of individual agencies with their own priorities has resulted in service gaps which no one agency is willing to embrace within its mandate.
- - although there is an interagency committee of professionals in Alberton e.g. R.C.M.P., Justice, Social Workers, Addictions, etc., the committee has found it difficult to coordinate services due to variations in geographical boundaries assigned to each agency.
- - there is no coordinated social service mandate between the health, education, social services and justice sectors resulting in many inefficiencies in the delivery of services. Often individual sectors deal with issues as independent agencies.

YOUR POINT OF VIEW

SPECIALTY CLINICS

IN-PROVINCE VISITING SPECIALISTS

- - there is some concern that some visiting specialists are practicing primary medicine, and if so they should not be paid at the specialist rate.
- - there is conflicting information regarding the impact of visiting specialists, particularly, internists, on the level-of-care provided in rural hospitals. Some local doctors believe the services of a specialist enable them to keep more critically patients in the rural hospital; while others say the service has no such impact.
- - the advent of visiting specialists is seen as advantageous by some general practitioners, in that more time is left for the general practitioner to spend on preventative rather than tertiary medicine.
- - several advantages of specialty clinic in rural hospitals are:
- - the local general practitioner benefits from the regular con- tact with specialists
- - local clinics allow patients to see a specialist faster than they would if they were put on a regular appointment list.
- - some hospital departments have experienced increased workloads due to specialty clinics e.g. Admitting - setting up / cancelling appointments;Medical Records - increased filing and retrieval of files.
- - tests unfamiliar to technicians, are occasionally requested by visiting specialists.

SPECIALTY CLINICS (continued)

UNMET NEEDS

- - physicians have noted the following local clinics would be helpful: Internal Medicine: Souris; Psychiatry:Souris,O'Leary; Dermatology:Souris; ENT:O'Leary; Physiatry:Each hospital twice monthly

VISITING SPECIALISTS FROM OUT-OF-PROVINCE

- - it has been suggested that it would be more appropriate for Dr. Gindall to travel to P.E.I., three-four times a year to see 12-15 patients on dialysis, rather than have the patients travel to Halifax.

SPEECH THERAPY

DEMAND

- - it was suggested that bilingual services are necessary in the speech therapy service.
- - there is great demand for speech therapy services in West Prince.
- - support services such as speech therapy should be included in the mandate of the Department of Education. In addition there should be an increase in availability of public health nurses and expertise in hearing and visual disorders.
- - speech pathology services are not easily accessed by all Island hospitals.

SPEECH THERAPY (continued)

OTHER

- - although the role of the hospital is traditionally not in preventative services, in some instances it is appropriate to locate preventative services in a hospital setting ie. speech therapy.

STAFF DEVELOPMENT

ROLES AND RESPONSIBILITIES

- - the shared staff development arrangement between the Western Hospital and Prince County Hospital needs to reviewed as to its effectiveness; it is difficult for the Prince County Hospital to accurately assess the staff development needs of the smaller hospital. As well, it is perceived that the department is overworked with out expanding outreach programs. An alternate solution is to share staff development between Community Hospital and the Western Hospital.
- - Queen Elizabeth Hospital staff could be utilized as resource persons for smaller hospitals in the areas of, for example: Laundry, Respiratory Therapy.
- - the Hospital Association could work with the University of Prince Edward Island or Holland College in developing management courses with health service content.
- - it was suggested that the Queen Elizabeth Hospital could play a provincial role in staff development.
- - there should be incentives for staff to keep themselves individually updated.
- - when staff have staff development opportunities, their outlook changes and positive results are realized.

YOUR POINT OF VIEW

STAFF DEVELOPMENT (continued)

- - the Association of Nurses of Prince Edward Island should develop a resource library for its members.
- - hospitals are lagging behind the private sector in assisting staff to participate in continuing education opportunities.
- - the issue of paid education days and employer/employee responsibility for professional development is a concern nationwide.
- - nurses are bitter that government does not see the value in investing in their staff.
- - nurses should be given the opportunity by their employer to receive specialized training in areas of their own choosing; this would result in higher levels of job satisfaction.
- - nurses want to spend time updating their skills. At present they cannot get the time off and it is unreasonable to expect them to do it on their day off.
- - appropriate mechanisms must be developed to insure doctors are up-to-date and that the credentialling process is sound.

METHODS

- - a video library should be created with information specific to small hospitals.
- - there must be greater emphasis placed on upgrading and continuing education by insuring the availability of lecture rooms, audio-visual aids and library services.
- - teleconferencing is not a very satisfying tool for continuing education.
- - it was suggested that there are many local resources who could share knowledge and expertise with staff. Out-of-province sessions are not necessarily better.

STAFF DEVELOPMENT (continued)

- - workload in all departments is such that it is difficult to free staff to attend short in-service sessions unless the program is compulsory.
- - some of the frustrations expressed by department heads over the limitations of staff development programs are legitimate but some are not. Some department heads are better organized and plan ahead for staff development sessions while others do not.
- - some staff are not interested in long courses but rather in seminars.
- - more opportunities should be available in the province. In-province sessions allow a greater number of staff to attend.
- - there must be more creativity in staff development programs, e.g. the hospitals should be producing videos for the staff to take home. The traditional methods have their limitation.
- - it was suggested that someone should take the initiative to compile and maintain a list of health related resource people in the region who would be willing to put on seminars in their particular area of interest. The Hospital Association or the Hospital and Health Services Commission could compile a list, do regular updates and circulate it throughout the system. Also the development of a Health Speakers' Bureau should be considered.
- - full-day sessions should be prepared with a variety of short topics e.g. C.P.R. and Intravenous procedures. In this way, replacement staff for the unit would be more feasible and staff could attend the session free from anxiety about what is happening back is the workplace.
- - for short(one-hour) in-service sessions, it is not feasible to hire replacement staff on nursing units. consequently either staff do not attend these sessions or do attend, but during the session, constantly worry about leaving the unit short-staffed.

STAFF DEVELOPMENT (continued)

- - with limited availability of monetary resources, staff must be carefully screened and selected for attendance at conferences, etc. Motivated staff who are likely to return to the unit and educate other staff are the most likely to be chosen.
- - a full report at the unit level, should be mandatory for subsidized or fully funded staff development opportunities ie. conferences. The acquired knowledge should be shared with other staff.
- - most in-service sessions are held on day shift consequently evening and night shift staff have to come back during the day when they should be sleeping.
- - a Clinical Nurse Specialist at Prince County Hospital might relieve some of the pressures on the Staff Development department.
- - pharmacy technicians have traditionally been trained on the job, however in future, funding should be allocated for the training and development of pharmacy technicians.
- - it was suggested that the Culinary Institute be a resource for dietary staff.
- - rural doctors cannot attend weekly medical rounds at the Queen Elizabeth Hospital, it is not practical. Other venues must be explored.
- - if Boards of smaller hospitals want to attract and retain up-to-date physicians, they should assist in the cost of their continuing medical education.

FUNDING

- - staff development funding is inadequate.
- - if staff attend a session on their day off, at least travel costs should be reimbursed.

STAFF DEVELOPMENT (continued)

- - the relative isolation of the province means that staff development dollars do not go as far as in larger centers.
- - increased funding is necessary to provide staff with sufficient educational opportunities to keep pace with the rapid developments in all areas of health care.
- - if staff development is mandatory, the hospital should fully pay for any costs associated with the session. Staff should also be replaced. Staff have a professional responsibility to attend in-service sessions conducted in-house.
- - adequate funding should be available to assist nursing staff to keep abreast of changing technologies.
- - realistically, one cannot expect staff to do all their own learning, on their own time and at their own expense.
- - it is difficult to motivate staff to attend in-service sessions, when staff are expected to attend on days off without compensation.

PROGRAMMING

- - there are few staff development opportunities for clerical staff.
- - hospitals need people with problem solving skills at every level of the organization. These individuals must be able to help people understand the system and the processes involved in getting their concerns to the agendas that count.
- - managers need a great deal of training in communications skills and staff recognition. The role of middle management at the Queen Elizabeth Hospital should be increased, more should be delegated from senior management.

STAFF DEVELOPMENT (continued)

- - managers need to be equipped with the skills to deal with employee issues before they become major problems.
- - there is a perception in rural hospitals that all staff development funding is allocated to nursing.
- - promotion to manager should not be based on seniority; there should be some management development available within the system prior to stepping up to a supervisory position.
- - an acute care community hospital has to maintain a high degree of staff competency in order to meet the health challenges presented on a daily basis by the wide spectrum of diagnoses and age groups.
- - it is the perception that the focus of staff development departments is still nursing with secondary responsibility to other departments.
- - in regard to the traditional nursing focus of staff development, it was noted that other department heads have a responsibility to determine their departmental needs and work with staff development personnel in meeting those needs. They must take the initiative. Staff Development can then arrange for resources and coordinate activities.
- - nurses need to be trained in leadership skills. The basic and generic principles of leadership can be applied to nursing.
- - specialty nursing units e.g. Intensive Care, constantly need continuing education and refresher programs in very specialized areas and programs should be developed in these areas.
- - staff need skill development in the areas of leadership, motivation and communication.

YOUR POINT OF VIEW

STAFF DEVELOPMENT (continued)

- - head nurses should be better equipped with management skills.

- - Advanced Cardiac Life Support programs can be very stressful. Nurses learn skills that they ordinarily will not be using. There may be some benefit in some nurses attending merely as observers.

- - Advanced Cardiac Life Support and Advance Trauma Life Support courses should be offered regularly for Emergency Department and physicians in all hospitals.

- - some specific **patient related** staff development needs are in the areas of: palliative care training,in-service and clinical experience for nursing and physicians; intent and purpose of convalescent care and palliative care beds; alcoholism/addiction services; cystic fibrosis; terminally ill, confused,elderly patient; frail,disabled patient; psychiatric patient; geriatric care; patient assessment; and, illiteracy.

- -some specific **staff related** staff development needs are in the areas of:stress management; problem-solving; conflict resolution; medical records staff should be exposed to the latest developments in the health record field ie. computerization of the health record; there have, in the past, been very few staff development opportunities for L.N.A.'s; there are few educational opportunities for dietary staff; one-day in-service sessions for Combined Lab/X-Ray Technicians have in the past been focused strictly on Lab - more is needed in the area of X-Ray; is more training needed for cooks?;in some ways, it would be helpful for radiology staff in small hospitals to spend one or two days per year on-the-job at Queen Elizabeth Hospital; and,concern was expressed that trades people in small hospitals are in danger of losing their trade if they are not constantly update.

STAFF RECOGNITION

NURSING

- - nurses must feel good about themselves and their profession and their contribution to the system.
- - do nurses have a distinctive role or are they catch-all handmaidens? Other health professionals can walk away from their responsibilities expecting the nurse to carry on.
- - the issues of job satisfaction is very complex and includes such factors as: public expectations, non-compliance with visiting hours, increasing paperwork, increasing numbers of members of the health care team.
- - nursing units do not interface with each other in an open manner, nor do they work together.
- - nurses want more respect from all physicians.
- - lack of visibility of senior administrative staff contributes to feelings of poor recognition.
- - nurses are not asked to contribute to discussions and feel that when they are asked, their contributions are not listened to.
- - low recognition is being tied to low salary levels.
- - the fact that nurses are overworked is never recognized. Staff should be recognized in other ways besides glossy Annual reports; some attempts by management to express interest and appreciation are seen to be token gestures and phony at best.
- - hospital management should recognize the changing domestic structures and show some flexibility when it comes to staff members trying to honor family commitments.

YOUR POINT OF VIEW

STAFF RECOGNITION (continued)

• - nurses should be recognized for the qualities and skills they have. Burnout can be alleviated through education and career progression.

• - nurses are assigned menial tasks just because they are a constant presence in the building.

• - nurses need to fight harder for recognition. Nursing salaries and benefits in comparison with teachers' salaries are poor.

• - wages are a prime concern. It was noted that there is not enough differential between the salary of a staff nurse and that of a Head nurse.

OTHER DEPARTMENTS

• - concern was expressed over the lack of recognition of communications staff in the overall organization. Sometimes these employees are missed in the communication of staff or policy changes.

• - there is a strong sense in hospitals that nurses and doctors are the only people that count; other departments are not recognized for their contribution.

• - concern was expressed over the profile given nurses in recent years while other members of the multidisciplinary team are being overlooked.

• - hospital volunteers often feel that they are not contributing much to the overall operation or to the care of the patient.

• - departments and individuals in a large organization often feel isolated and feel that their contributions are not recognized or valued.

• - department heads should be compensated for additional responsibilities.

YOUR POINT OF VIEW

STAFF SUPPORT

THE PROBLEMS

- - staff are working in high intensity situations and are under chronic stress. A change in the attitude of the employer is needed; so much emphasis is placed on the needs of the organization, that the needs of individual employees are forgotten.

- - a case mix which includes both acute care and chronic patients in the same unit is stressful for staff. Another contributing factor is the relative inaccessibility of physicians during night shifts.

- - stress factors include normal domestic issues: domestic issues caused by two income earners in the homes, shift work, workload, emotional stress caused by the types of patient the nurse may be caring for, and low self esteem exacerbated by the 'system'.

- - a hospital is a people organization, people working with people. Staff are more subject to burnout, stress and emotional problems than in other organizations. A predominantly female staff could be more susceptible to domestic stress due to crises with children, etc. since traditionally females have played the major role in such domestic concerns regardless of outside employment.

- - a concern was expressed that staff working night shift are not served a meal, in some hospitals.

- - physical security of the premises is an issue.

- - nurses like the flexibility of converting from full-time status to part-time; however for management, this creates major problems for scheduling and rotations.

- - some nurses have suggested that they have more opportunities for input than they really want. There are too many requests for them to serve on committees.

STAFF SUPPORT (continued)

THE SOLUTIONS

- - organizations should be more sensitive to the emotional needs of staff by formalizing/legitimizing staff support programs and giving them a profile within the organization.
- - it is advised that Hospitals develop a protocol to deal with professionals who appear to be chemically dependent or appear impaired on duty.
- - a support network for nurses who are having difficulty coping with a variety of stress factors is needed.
- - employers should rethink their approaches to employee health and safety issues and not resist progress. Physical plant changes could be less costly that the long-term impact on the health of employees. Hospitals should be role models in providing a healthy and safe environment for staff.
- - hospital chaplains should regard helping staff as one of their major functions.
- - there is overlapping between the role of the chaplain and the hospital social worker; traditionally staff have gone to the chaplain with their problems, but perhaps they should be going to the social worker.
- - personnel departments could play a major role in for example: pre-retirement planning, years of service recognition, and productivity incentives.
- - employers should be more progressive in human resource development.
- - staff should be granted an extended maternity leave when requested.
- - supervisors and other staff should be able to sense burnout in other employees and initiate remedial action.

STANDARDS

AMBULANCE

- - the introduction of higher standards has brought about some improvement in ambulance service.

- - concern has been expressed about the quality of ambulance service outside the Charlottetown area.

- - concern has been expressed that all ambulance attendants do not have the skills for the discretionary use of defibrillators.

- - some concern was expressed about the professional appearance of attendants.

- - who ensures that continuing education is available to and accessed by ambulance staff?

- - there should be standards developed to address the attendant's involvement in patient care in the hospital.

- - there should be standards developed regarding the amount of information shared between ambulance personnel and hospital staff.

MEDICAL RECORDS

- - a Provincial Health Records Committee should review legislation regarding, for example, timeliness of History and Physicals. Standards should be developed and be adhered to across the province.

- - the Hospital and Health Services Commission should take the initiative to standardize policies provincially such as : retention, release of information, etc.

STANDARDS (continued)

- - there should be a review of standards regarding the acceptable time lapse between dictation and typing of records, timeliness of discharge summaries.

LAB

- - a concern was raised about the quality of lab tests in the smaller hospitals.

OPTOMETRY

- - P.E.I. motor vehicle operators should be required to have a periodic vision examination in order to qualify for license renewal.
- - the Department of Health and Social Services should review the regulations concerning the provision of contact lenses.
- - the Department of Health and Social Services should study the feasibility of Optometric uses of therapeutic drugs.

EMERGENCY

- - it was recommended that all registered nurses in small hospitals be A.C.L.S. and A.T.L.S. certified to provide the best possible emergency care.
- - A.C.L.S. should be a requirement for all staff working in an Emergency Department.
- - it was suggested that the emergency staff from the seven hospitals get together regularly to discuss common concerns. Such meetings could improve emergency care by introducing a degree of uniformity province-wide that presently does not exist.
- - A.C.L.S. and A.T.L.S. for all physicians should be a requirement.

STANDARDS (continued)

NUTRITION

- - there is some concern about the lack of standards regarding feeding and food nutrition services in variety of government funded facilities.

PHYSICIAN ISSUES

- - hospitals should use the membership criteria established by the College of Family Physicians for developing credentialling standards.
- - appropriate mechanisms should be established by hospitals to ensure doctors are up-to-date and that the credentialling process is sound.
- - it is probably not realistic to establish standards for the management of coronary care cases, as it is up to the judgement of the individual physician.

OTHER

- - there should be provincial guidelines established aimed at improving existing practices in the **management of biomedical wastes.**
- -guidelines regarding confidentiality issues for **A.I.D.S**. victims need to be addressed.
- - provincial standards should be established for **palliative care beds.**
- - there should be a **child sexual abuse protocol** for the health care system.
- - it was suggested that an **I.C.U. committee** be established at **Prince County Hospital** to standardize care plans,procedures, address equipment issues, etc.

STANDARDS (continued)

- - it was observed that apparently the **Hospital Protocol for Battered Women** developed in 1985 is not in use in Emergency Rooms and should be implemented without delay.

- - it has been suggested that the **Operating Room tray instrumentation** be standardized.

- - the adequacy of C.C.H.F.A. standards should be considered re: **pharmacy**

- - **enforcement of provincial standards** may in some situations be unrealistic, a situation in one hospital may not apply to another.

SURGICAL NURSING UNITS/OPERATING ROOMS

OUTCOMES

- - nurses question who is doing outcome measurement of the many interventions initiated in the acute care setting.

- - the number of surgical procedures being performed on patients has been questioned. Are the procedures being done out of kindness or because of the challenge to the physician or because there is a reasonable expectation that the intervention will produce a positive patient outcome? Should a physician subject a patient who very obviously has a very limited life expectancy, to the trauma of major surgery and possible subsequent surgeries?

SURGICAL NURSING UNITS /OPERATING ROOMS (continued)

RANGE-OF-PROCEDURES

- - if day surgery was developed at Community Hospital and for example orthopedics was done there instead of at Prince County Hospital, the breaking down of barriers might be expedited between Alberton and O'leary, as Alberton residents would use the service in O'Leary.

- - day surgery should be expanded in Community Hospital using local anaesthesia. Endoscopic procedures would be most appropriate.

- - West Prince hospitals should provide more services than those that support the 'feeder' role to Prince County Hospital.

UTILIZATION

- - surgery cancellations are often patient initiated. Hospitals cancel procedures when beds or operating room time are not available.

- - it was noted that anaesthetists exercise a lot of control in Operating Rooms.

- - when the evening shift in the Queen Elizabeth Hospital Operating Room was approved, it was intended to permit nursing staff to prepare for the next day's work and to spend time with patients doing preoperative visiting. More and more the shift is being used to deal with evening emergencies and cases left from the day shift. Originally overtime was cut back but it is beginning to escalate again.

- - availability of surgical beds is a major factor in procedures performed in the Operating Room. If there are no beds available on a given day,more day surgery procedures are performed to fill the operating time.

YOUR POINT OF VIEW

SURGICAL NURSING UNITS /OPERATING ROOMS (continued)

- - if Queen Elizabeth Hospital surgeons make their discharge rounds late in the morning or early afternoon, the discharges are often too late to allow new patients to be admitted for surgery the following day, since the operating room schedule must be finalized by noon.

- - it was suggested that patients could be leaving the recovery room earlier than they presently do.

- - the Prince County Hospital should have two emergency rooms since at the present time, the trauma room is used for minor procedures such as booked day surgery procedures.

- - if the number of day surgery unit beds was increased from 5 to 10, Prince County Hospital could help to relieve the backlog at the Queen Elizabeth Hospital. On the other hand it was suggested that if proper scheduling occurred, nursing coverage was increased and the five beds used more efficiently, there would be no need for ten beds.

DEMAND

- - the province could use another otolaryngologist and a urologist, but the major obstacle is lack of beds and operating room time for additional specialties. If more procedures were done on a day surgery basis, the problem could be alleviated.

- - there is a need to re-allocate operating time at Queen Elizabeth Hospital to ensure longer times allocated to dentistry.

OTHER

- -surgical nursing units are caring for more acutely ill patients. The **lengths of stay are shorter and procedures are becoming more complex.**

SURGICAL NURSING UNITS/OPERATING ROOMS (continued)

- - younger patients and uncomplicated cases are being discharged earlier as a result of **Home Care and Support programs**.

- - there should be **surgical in-service days** once or twice per year at Prince County Hospital. These sessions could be developed in conjunction with the Queen Elizabeth Hospital.

- - the province should **pilot a primary nursing care unit** and that a surgery unit would be a good pilot project site.

TECHNOLOGY

OUTCOME MEASUREMENT

- - who is responsible to carry out the outcome measurements of the many interventions initiated in an acute care setting?

- - where is the health care system going with technology and research, who is presently evaluating the system?

UNMET NEEDS

- - there should be a provincially recognized and accepted process to approve the introduction of both new drugs and/or technology.

- - there must be a limit on new technology, e.g. a neurologist may not have a significant impact but if that specialty led to neurosurgical services in P.E.I., it is doubtful whether or not this province could support it.

TECHNOLOGY (continued)

- - concern has been expressed over the aging equipment at the Queen Elizabeth Hospital, 'the lab and x-ray equipment are antique'.

- - it has been recommended that: a hemodialysis machine be available at a permanent site to provide for home machine failure, respite for family and patients; to be available to visitors; and to facilitate access to other in-patient medical services on P.E.I.

- - there is need for more cooperation and interchange of technologies with the Veterinary College and Queen Elizabeth Hospital.

- - the need for the electronic transmission of data between hospitals in Radiology probably could not be justified on the basis of distance or population. This data would have to be digitized and transmitted on a dedicated line, with a reader on the receiving end.

- - private physio clinics are better equipped than hospitals - laser technology is the 'in' thing but hospitals do not have the equipment to offer laser treatment.

- - Prince Edward Island needs a Bactec System for infectious diseases 'our deficiency in this area is analogous to living in the Amazon'.

FUTURE PLANNING

- - hospitals should have a clear view of the place of new technology and the appropriate replacement of old technology.

- - an inter-provincial health technology evaluation and human resource planning could eliminate duplication and coordinate services and resources in health care.

TECHNOLOGY (continued)

- - all hospitals and the Provincial Government must participate in a planned approach to equipment replacement and upgrading based on a shared financial responsibility by each party.

- - there is a need for a Provincial Committee to process and adjudicate future requests for technology, etc. Decisions would be more palatable if they come from a committee as opposed to government.

STAFF DEVELOPMENT

- - increased funding is necessary to provide staff with sufficient educational opportunities to keep pace with the rapid development in all areas of health care.

PUBLIC EDUCATION

- - a comprehensive public information program should be developed to inform, respond to concerns, and to address public expectations in cooperation with the Provincial Government.

ALTERNATE METHODS

- - if this small province took the funds out of the smaller community hospitals and redirected them to the two larger hospitals, better equipment and more specialty services could be offered to all islanders.

YOUR POINT OF VIEW

TRANSFERS

IN-PROVINCE

- - it has been suggested that patients could be transferred back to the community hospital from the Prince County Hospital and/or the Queen Elizabeth Hospital a lot sooner, 'patients have to practically beg to get back to their community hospital'.

- - when a patient from the rural area of P.E.I. requires 7-10 days of radiotherapy at the Queen Elizabeth Hospital, they have two options: they can be transported daily from their local hospital to Queen Elizabeth Hospital; or they can be admitted to the Eric Found Center. However, the admitting form to the Eric Found Center is too long, 'you would think the patient was going to stay there forever'. It has been suggested that a simple transfer form should be available for these short term transfers and that the referring hospital should not be responsible to make the arrangements for the patient's transfer between the Eric Found Center and Queen Elizabeth Hospital.

- - transportation should be more readily available to get cancer patients to and from medical appointments. It has been suggested that this could be a joint venture among several agencies.

- - transfers back to the community hospitals do not happen quickly. The patient is not well enough to go home and asks to be transferred back to the community hospital, however in the past usually only the very stable patients get transferred back e.g. the post operative surgical patients are not readily accepted, the nurses in the receiving hospital need considerable reassurance when accepting the patient.

- - more nursing home beds are required, the Queen Elizabeth Hospital at any given time could have up to 30 patients awaiting placement to a manor or nursing. They in turn are transferring patients to other Island hospitals just to await placement.

TRANSFERS (continued)

- - more coordination is required in making transfer arrangements, e.g. the physician asks the nurse to make the arrangements with the receiving hospital and if a bed is available the patient will be transferred; however, if the physician says he/she will contact the physician in the community hospital to make the arrangements, days go by, nothing happens, the physician forgot to make the call or the physician makes the arrangements and the nursing unit knows nothing about it until the ambulance arrives to transfer the patient.

- - fully dilated but not delivering mothers or post partum hemorrhages are transferred to Unit 4 at the Queen Elizabeth Hospital. Transfers back to the local hospitals occur only if the patient requests it. The major obstacle seems to be the ambulance and the related costs.

- - an in-province liaison program designed to transfer patients back to local hospitals, would free up beds at the Queen Elizabeth Hospital.

- - it is believed that the Kings County Memorial Hospital should not be using streptokinase, these patients should be immediately transferred to the Queen Elizabeth Hospital.

- - the smaller community hospitals should not expose patients to risk in order to attempt medical heroics. Acutely ill patients should be transferred without delay to the Queen Elizabeth Hospital or Prince County Hospital.

- - a nurse may accompany a patient being transported by ambulance to Moncton or Halifax but rarely to the Queen Elizabeth Hospital. If the patient's condition is serious enough to warrant extra attention during the trip to Queen Elizabeth Hospital a physician would normally accompany the patient.

TRANSFERS (continued)

• - the Extended Care Unit at the Stewart Memorial Hospital is of no use to other Island hospitals, e.g. only one patient in the past 18 months has been transferred from the Prince County Hospital to this Unit. There seems to be some confusion over the role of the Unit, is it convalescent care, extended care, long term care, chronic care, or acute care? Stewart Memorial's admitting criteria to the Unit seems to be the greatest obstacle.

OUT-OF-PROVINCE

• - if the Prince Edward Island hospitals do not provide the service required by an island resident, the resident should not have to pay the ambulance costs, if transferred out of the province to be treated.

• - there are very few patients being transferred back to the any Island hospitals from out-of-province.

• - the system should cover the costs to and from the hospital for a physician to accompany a patient out-of-province. Presently the physician is only compensated for the time spent with the patient, not the return trip.

• - very seldom are there patients transferred from out-of-province to the Eric Found Center as the Center usually can not respond in a timely way due to their admitting process, the admitting committee only meets on Mondays and Thursdays.

• - the Intensive Care Unit at the Queen Elizabeth Hospital has not experienced any impact from the Out-of-Province Liaison Program.

• - there is a concern over the lack of information provided with a patient being transferred back from out-of-province to the Queen Elizabeth Hospital.

• - many out-of-province transfer patients are not placed in the appropriate unit when transferred back to the Queen Elizabeth Hospital.

TRANSFERS (continued)

- - once the patients have benefitted from the expertise and technology in Halifax, they should be transferred back to the Queen Elizabeth Hospital.
- - when a patient is transferred to Moncton Hospital, the Moncton Out-Patient Department treat the patient as if they had just come in off the street . The accompanying nurse is not relieved of her duties upon arrival. It is felt that Moncton nursing staff should take over when the patient arrives.

ULTRASOUND

COVERAGE

- - some hospitals have expressed concern to secure replacement staff for the ultrasound technician to ensure vacation coverage.
- - a suggestion was made that increased radiologist time and ultrasound capabilities would be a better alternative than developing service at another institution.
- - ultrasound service would improve at the Queen Elizabeth Hospital if the technicians had clerical assistance.
- - hours of coverage for ultrasound services could be extended with the addition of a Radiologist. This would prevent adding another unit to a community hospital.

UNMET NEEDS

- - a need has been identified for an ultrasound unit to service the West Prince area.
- - both the Prince County Hospital and Queen Elizabeth Hospital are requesting specific ultrasound accessories for pediatrics and obstetrics.

ULTRASOUND (continued)

UTILIZATION

- - larger hospitals utilize ultrasound to develop a biophysical profile in obstetrics. This profile looks at five critical areas, presently they are done on an out-patient basis.
- - there are conflicting views on providing ultrasound services outside the Prince County Hospital and the Queen Elizabeth Hospital. The ultrasound service requires a Registered Technician with special training and a Radiologist for the procedure.
- - it was stated that patients referred to larger centers for ultrasound services predominantly don't complain or have difficulty with travel.
- - there are problems with in-patients having priority to ultrasound services in the hospital. Many patient stays are extended by two-three days to prevent having to add them to the out-patient waiting list.
- - conflicting information has been presented on whether we have a waiting list for ultrasound services in this province.

UTILIZATION MANAGEMENT

PLACEMENT

- - there is confusion over the role of the Extended Care Unit at the Stewart Memorial Hospital. Prince County Hospital claims the admitting criteria to the unit is an obstacle.
- - patients with personality disorders and depression are repeatedly admitted to Island hospitals. The hospitals have stated that they are obviously not meeting the needs of these patients and perhaps they should be treated elsewhere.

UTILIZATION MANAGEMENT (continued)

- - concerns were expressed that decisions about admissions to the Eric Found Center are only made on Monday and Thursday A.M.'s. Hospitals do not have that luxury.
- - the Eric Found Center will not accept a transfer from the Queen Elizabeth Hospital unless the Queen Elizabeth Hospital can 'guarantee' the patient's condition will improve and eventually be discharged from Eric Found Center.
- - there is concern that at any given time the the Prince County Hospital, Medical Unit can have as many as eight patients awaiting placement.
- - to avoid stigma, addiction patients have been admitted to an acute care bed under the guise of e.g. gastroenteritis or bronchitis.
- - many seniors are inappropriately placed in the chronic care beds of an acute care facility.
- - transportation is often a problem for seniors in that they are unable to attend physician or hospital visits therefore they are admitted to the hospital.
- - Unit 9 at Queen Elizabeth Hospital could be better utilized by the diversion of patients to other facilities, e.g. older patients could be cared for in extended care facilities specifically designed for geriatric psychiatry.
- - hospitals would not require additional beds if proper placement was ensured.
- - there are a number of residents in manor beds who should be in a community care facility; due to financial reasons families find the manor beds more attractive.

UTILIZATION MANAGEMENT (continued)

- - the Provincial Government should subsidize families to keep their elderly at home.

CONTROLS

- - concern was expressed over the unmanaged proliferation of clinics in this province.
- - there is a need for overall controls throughout the entire health care system.
- - there should be more monitoring and more controls throughout the entire health care system, e.g. 'patients getting narcotics fed to them'.
- - Prince Edward Island should look at Manitoba's system.
- - physician practice profiles should be compared to similar practices e.g. two standard deviation above the mean should prompt an investigation into the physician's practice.
- - it has been suggested that Government assess the current usage of all beds and determine those whose needs could be met more appropriately elsewhere.
- - the concern over utilization and inappropriate utilization is acknowledged; but who should police and control it?
- - the hospitals in this province have no restrictions on who they admit through their doors, while other agencies make their own rules.
- - P.E.I. should look at a program similar to Ontario's, the Laboratory Proficiency Testing Program or Newfoundland's leasing of the Nova Analyzer, to control what gets tested where in the province. It has been suggested that doctors should do more screening before ordering a test.

UTILIZATION MANAGEMENT (continued)

- - there should be more monitoring of the physician records by the Hospital and Health Services Commission.
- - the Hospital and Health Services Commission should have a major role to play in facilitating the establishment of practice norms for physicians, monitoring activity and dealing with aberrations.
- - the Hospital and Health Services Commission should appoint someone to aggressively monitor lengths of stay etc.
- - there is a need for a thorough review of the over-use of technology and health care resources.
- - there are no incentives for an aggressive utilization committee in a hospital.
- - greater emphasis must be placed on managing utilization of the system, this would require better information systems e.g. the implementation of the Canadian Hospital Management Information System.

NURSING

- - nurses have expressed concerns over the habit of some physicians doing rounds at the time of a change of shifts. This practice is disruptive to staff and results in overtime.
- - hospital nurses are concerned over the potential for hospitals to duplicated a very effective chronic care service already provided by the manors.

UTILIZATION MANAGEMENT (continued)

OUTCOMES

- - the system should be doing less and evaluating more; the objective should be,' do less but do it more effectively'. Administration should be more involved in measuring outcomes and evaluating. It has been suggested that specific resources should be assigned to this role.
- - there is a concern over the amount of repeat surgeries, particularly on older, more fragile patients with multiple problems who seem to have a number of complications arising from their initial surgery, which are then responded to by additional surgical procedures.
- - the Hospital Records Management Information(H.M.R.I.) data available to the two larger hospitals is not being utilized to it's full potential.

ETHICS

- - older patients who get total hips replaced often survive the surgical procedure but it is not uncommon to see the patients death in the paper shortly afterwards.

BED UTILIZATION

- - seniors are being admitted to hospital for respite care under diagnosis such as urinary tract infection, etc. why do they not utilize manor respite care beds?
- - there is a need for more beds in the psychiatric unit at the Queen Elizabeth Hospital.
- - there are presently no vacancies in the Chronic Care Unit at the Eric Found Center; more beds are required.

UTILIZATION MANAGEMENT (continued)

- - the availability of hospital beds plays a major role in the number and types of procedures performed in the Operating Room; if there are no beds available on a given day there are more day surgical procedures performed to make use of the operating time available.

- - the number of day surgery beds at Prince County Hospital needs to be increased to ten beds.

- - the utilization of empty beds in Pediatrics was raised as major a concern. The occupancy rate for these units is low in comparison to other units.

- - two of the major issues facing Queen Elizabeth Hospital in the near future are the allocation and designation of beds. Allocation: are there enough beds for psychiatry, etc. Designation: designating beds by specialty or service.

REFERRALS

- - there is a perception that Summerside only attracts 'small town doctors'; patients ask to be referred to another specialist in Halifax or Charlottetown. This creates a problem in retaining physicians in this area.

- - it has been suggested that the referring physician should always retain control over the patient; not the referred-to specialist. Presently, the specialists keep the patient as long as they want; family physicians believe they could be referred back much sooner.

- - general practitioners should not be able to directly access the 'hi-tech,hi-cost' services like C.T. scans. Such services should require a specialists referral.

- - patients are referred to Home Care for three consecutive blood pressure checks is this appropriate?

YOUR POINT OF VIEW

UTILIZATION MANAGEMENT (continued)

TRANSFERS

- - the admitting criteria to Stewart Memorial Hospital seem to be an obstacle for patients transferring back from Prince County Hospital.

- - the Admitting Departments should screen admissions more closely and when possible and appropriate, admit to a medical unit.

- - there is concern that the Out-of-Province Liaison Program is costing the Queen Elizabeth Hospital money. The Commission is saving money; however it is not compensating the Island hospitals for the patients now being transferred back to the province.

- - a number of patients with bowel or stomach cancer from Prince County Hospital are being transferred out of province although there are specialists at the Queen Elizabeth Hospital who can do these procedures.

- - it is believed that medevac services are highly utilized, when it would be much less expensive for patients to travel by ambulance.

- - the Island should have an in-province liaison program designed to transfer patients back to local hospitals to free up beds in both Queen Elizabeth Hospital and Prince County Hospital.

- - some West Prince physicians are circumventing the system by referring out of province or the Queen Elizabeth Hospital rather than using the Prince County Hospital due to past grudges and grievances.

- - some physicians have suggested that colleagues may transfer/refer their patients out-of-province to impress the families involved.

UTILIZATION MANAGEMENT (continued)

PUBLIC EXPECTATIONS

• - public expectations is a major factor in the utilization of health care services. Families tend to put pressure on the physician to alleviate their own pressures, e.g. 'Can you put grannie in the hospital for a rest'?

• - the general public demands too much and is intolerant to waiting lists. If the physician was to counsel the patient on utilization, the patient would seek service elsewhere and the physician would be the loser. The establishment of a formal system (e.g. patients having a designated physician), could solve such a problem.

• - the public expect the hospital to have an open door for everything at all times.

COORDINATION

• - the physician and Public Health Nurse both seeing a newborn shortly after they return home may be a duplication of services.

PUBLIC EDUCATION

• - the general public, as well as physicians have to be made aware of what constitutes 'appropriate' utilization.

• - work is required to clarify the public's perception of emergency services, confusion exists over the terminology, e.g. emergency, ambulatory, and out patients.

• - the public should be informed on the costs of health care.

PHYSICIAN INVOLVEMENT

• - there is at least one physician in P.E.I. who orders an E.C.G. on every admission to the hospital.

UTILIZATION MANAGEMENT (continued)

- - general practitioners should have to consult a specialist before admitting anyone to hospital.

- - there should not be disparities between the fees of a general practitioner and a specialist for the same service.

- - there is concern with the repeat visits to specialists who hold specialty clinics in the smaller acute care facility, are they creating their own work and demand?

- - some physician utilize the Emergency Department as an extension of their office practice.

- - some concern was expressed that C.T. scans are being ordered just because the unit is now available in Charlottetown. The supply is creating the demand.

- - some general practitioners in the province find the guidelines associated with the C.T. scan very problematic, e.g. a scan of the back requires an orthopedic consultation.

- - physicians must become more involved in management of the resources and accept greater fiscal responsibility. They could be more active in the budget process.

- - there is a three week waiting list for endoscopy on an out-patient basis; physicians therefore admit patients to hospital to get immediate attention.

- - family physicians retain their patients and often do not refer them to a specialist when required.

- - one estimate states that 20-50% of hospital admissions are alcohol related.

UTILIZATION MANAGEMENT (continued)

- - general practitioners frequently admit children who stay for long periods of time without ever having a consult with a pediatrician.

DISCHARGE PLANNING

- - concern has been expressed over the problem of knowing when a patient should be terminated from the caseload of the liaison nurse in Unit 9 at the Queen Elizabeth Hospital.

- - if physicians do not do their rounds until after 1p.m., their discharges that afternoon are too late to affect the Operating Room list.

ALTERNATE METHODS

- - during the supplies pilot project at the Prince County Hospital, utilization of the Emergency Department was reduced.

- - laboratories should utilize Fax. machines to increase their turn around time.

- - many of the procedures in the Operating Room could be done on a day surgery basis.

- - hospital utilization by adolescents could be reduced if other services were available in the community e.g. social work services.

- - at the present time Queen Elizabeth Hospital endoscopy procedures are done in the expensive Operating Room setting. An ambulatory care unit should be designed for short two hour stays to free up Operating Room time.

- - dialysis should be done on an out-patient basis.

UTILIZATION MANAGEMENT (continued)

- - access to out-patient ultraviolet light facilities can reduce the need for hospitalization for patients with psoriases.

- - there are many patients in the hospital who could be at home if there were more home care nurses and a broader range of available resources,e.g. physiotherapy.

- - a substantial user fee would eliminate the abuse of emergency services.

LEVEL OF CARE

- - small Island hospitals could be managing more acute illnesses if a number of factors were addressed: modernize the facility; increased nursing resources; if the additional time the physician spent managing the case was recognized in the fee code; and, if the not so sick patients were managed at home.

OTHER

- - there is a perception that Home Care and Support create their own **workload**, they go into the home settings unnecessarily- perhaps a homemaker first, who then gets a nurse involved, the then comes to the doctor looking for a referral. Documented evidence of Utilization Management should apply to Home Care as well as hospitals.

- - **ambulatory care clinics** should be more aggressively pursued, what should be done on an in-patient or out-patient basis?

- - **ambulance services** often send two vehicles to an accident when only one is required.

- - Home Care should increase their **hours of service**.

- - if the Prince County Hospital had an appropriate observation room, some **admissions to the hospital** could be avoided.

YOUR POINT OF VIEW

VOLUNTEERS

- - volunteers on hospital units should come under the supervision of the unit manager. If departmental managers were responsible for volunteers, they would have a greater sense of ownership in the volunteer program.

- - volunteers and managers should meet regularly; this should include hospital, manor and nursing home sectors.

- - a lot could be gained by sharing information and working together in developing volunteer programs within the province.

- - volunteers often feel that they are not contributing much to the overall operation or to the patient - they often experience boredom.

WOMEN

ADDICTIONS

- - there is a need to develop resources to deal with sexual problems related to or preceding an addiction problem, particularly in females.

- - it was noted that there has been a notable increase in substance abuse by women and youth, thus programs aimed at these groups should be developed

HOSPITAL ROLE

- - the Queen Elizabeth Hospital is urged to permit abortions. The unavailability of this health service is a serious form of discrimination against women.

WOMEN (continued)

• - hospital Emergency Departments should be utilizing the Hospital Protocol for Battered Women report and educate staff to respond to victims in a sensitive and educated manner. It is apparent that the protocol is not in use and should be implemented without delay.

• - there should be a shelter for battered women in the West Prince area.

COMMUNITY SERVICES

• - there is a need to shift the focus of health care to a preventative model.

• - extended community-based services should be available to accommodate womens' increased perception of self and the community's more direct involvement with health care issues.

• - the government should undertake a review of policies and programs to determine the roles of ethnic specific immigrant aid and mainstream services for immigrants.

OTHER

• - a female physician could be very busy in Souris without impacting significantly on the practices of other local doctors. Local women either are not seeing a local physician or are traveling to Charlottetown to see a female physician.

YOUTH

HOSPITAL ROLE

- - the hospitals should be moving to meet obvious community needs such as youth and addictions. The general practitioner needs a home and community focus, not technology and reactive services.

- - there are questions about the pediatric unit at Queen Elizabeth Hospital being the appropriate placement option for youth with eating disorders,depressions and behavior disorders.

- - children with behavior disorders should not be admitted to the pediatric unit at Queen Elizabeth Hospital; they are very disruptive and jeopardize the safety of other children who are vulnerable.

- - hospital utilization by adolescents could be reduced if other services were available in the community.

NEEDS

- - a major thrust should be the development of services for adolescents including identifying a need for a specific adolescent treatment center. There are more adolescents in need than are being referred for service.

- - the lack of facilities and recreation for children in West Prince is a major social problem.

- - there is a need for a 3rd level group home for adolescents which would provide greater security than other group homes.

- - it is recommended that a Youth Directorate be established in the Province to provide better coordination of the re-entry of youth to the regular system.

YOUTH (continued)

- - it is recommended that the facilities of the adolescent unit at Hillsborough Hospital be expanded to meet the increasing needs of youth with severe emotional/behavioral problems.
- - family life programs in schools need the promotional support from Hospital and Health Services Commission so that they may meet with success in the school system.
- - there should be a child sexual abuse protocol for the health care system.
- - a Family Planning unit for teen-agers to access information confidentially is needed in West Prince.
- - a safe house/shelter is required for teen-agers in crisis who must leave their home environment due to abuse or an unhealthy environment.
- - a large need for Family Life Education exists despite the objections of parents who influence trustees who influence programs. The parents who are objecting do not represent the families in need.
- - more services are required for West Prince, where apparently there is no early addiction introductory program for elementary children.
- - the Province should consider the formation of a coordinated department to deal with services to children.
- - the Kings County area requires an adolescent addictions counselor.
- - there is a particularly pressing for a mental health component in the Home Care program, particularly for the treatment of children.